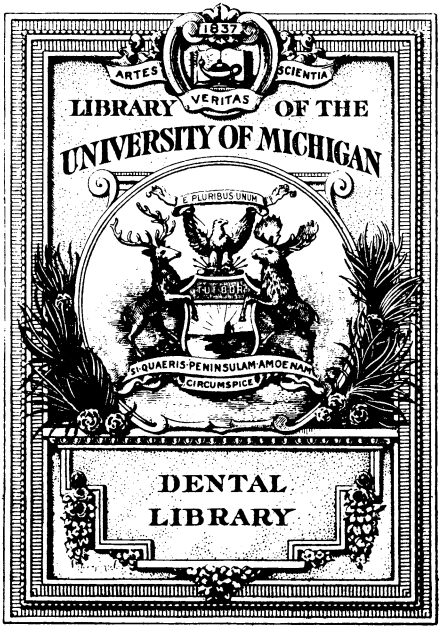
AMERICAN
DENTAL
JOURNAL

4

1905


1837
ARTES
SCIENTIA
VERITAS
LIBRARY OF THE
UNIVERSITY OF MICHIGAN
E PLURIBUS UNUM
SI QUAERIS PENINSULAM AMOENAM
CIRCUMSPICE
DENTAL
LIBRARY

AMERICAN DENTAL JOURNAL

PUBLISHED ON THE FIFTEENTH OF EVERY MONTH

VOL. 4 JANUARY, 1905 NO. 1

TABLE OF CONTENTS

Abstracts and Selections—Continued.

Subscription $1.00 per year in advance, to United States, Canada and Mexico. Other countries $1.75. Single numbers, 10 cents.

Subscriptions received at any time, to date from January or July. Advertising rates made known on application. Remittance preferred by registered letter, postal money order, or bank draft.

Notification of change in address should be made on or before the 10th of the month in order to have change made in time for the following month's issue.

Address all communications to Frink & Young, Publishers, 607-8-9 Masonic Temple, Chicago, Ill. Telephone, 2072 Central.

ORTHODONTIA.

BY J. N. M'DOWELL, D. D. S., PROFESSOR OF ORTHODONTIA, COLLEGE OF DENTISTRY, UNIVERSITY OF ILLINOIS.

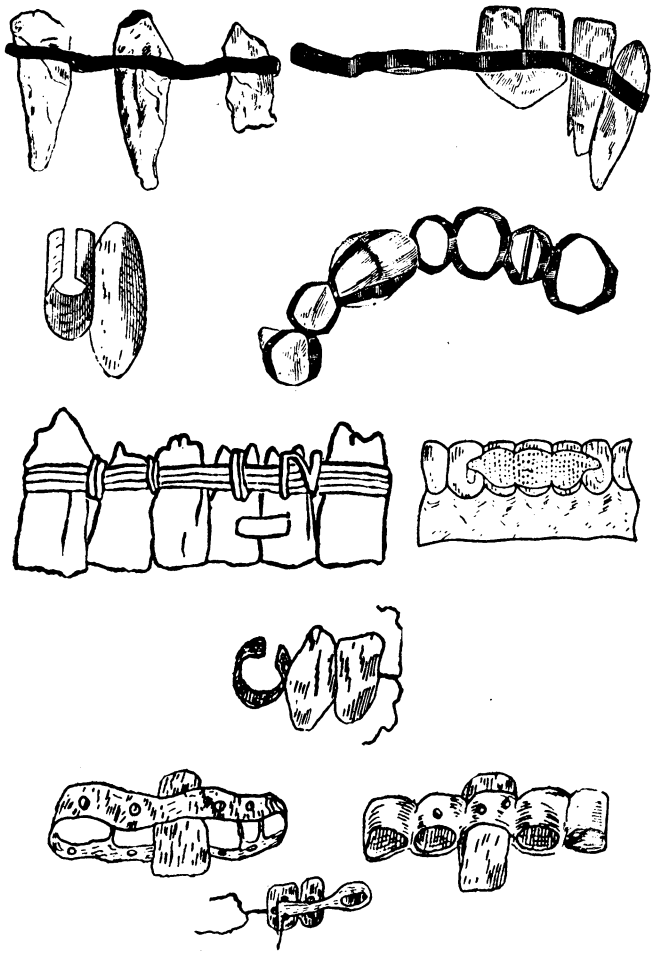
INTRODUCTION.

CHAPTER I.

It is my intention, in the treatment of this subject, to write in such a way that any dentist who will read carefully and who is ordinarily competent may successfully conduct the most difficult case which may be presented.

The writer begs the indulgence of those of more advanced standing, and to whom the details may become somewhat tedious, but in this course it is the author's intention to lend a helping hand to those who may not have had the advantage now afforded by the modern school of dentistry. This chapter will be devoted to introductory remarks and to a brief history of the early days of the correction of irregularities. The subject will be followed up from month to month until the entire course has been covered, including not only the science, of Orthodontia, but methods of constructing appliances required for the correction of any and all cases.

The use of wire ligatures and bands for movement of the teeth, anchorage, etc., is supposed to be entirely a modern idea. However, the thoughtful student that studies the use of ligature wires and gold bands, used by the ancients, in Fig. 1, and reads the words of the ancient surgeon, Hippocrates, and others, will have a faint suspicion that there is a similarity between the use of ligature wires and gold bands of three or four thousand years ago, and those of to-day. Hippocrates gave a great deal of advice concerning the teeth. In one place he says, "Loose teeth should be tied to their neighbors by means of gold or silver thread." Another ancient writer, Celsus, said, "When teeth are loosened or separated by a blow, or from any cause, fasten them with gold to those that are



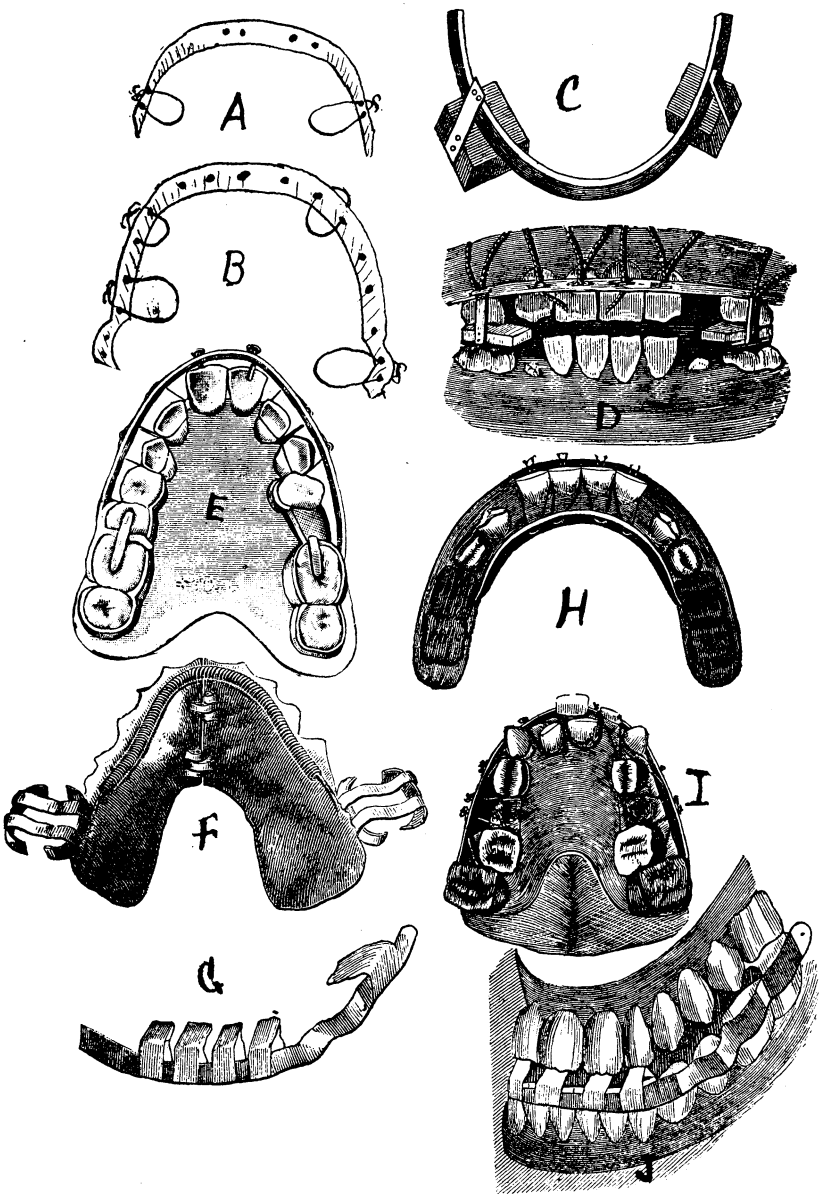
Specimens of Ancient Dental Art

Illustrating Dr. McDowell's Article in this Number.

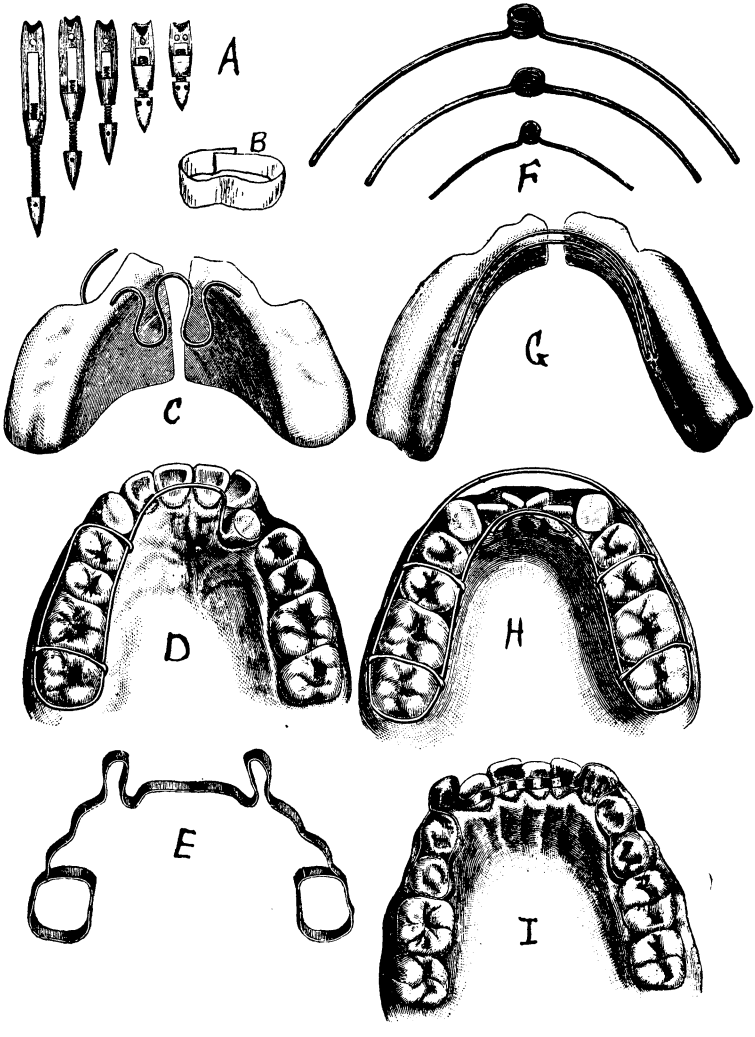
firm." If Hippocrates and Celsus advise loose and separated teeth to be ligated with gold, silver or silk thread, to hold and retain them in proper position and alignment, they must have noted the fact, as we do to-day, that a wire or silk ligature around two or more loose or separated teeth causes them to move, and extreme caution must be used when employing ligatures alone, to keep the teeth in right position. Naturally, the idea must have been followed up and other movements made with ligatures, at least with the anterior teeth, for the ancients not only had irregular teeth, but undoubtedly possessed considerable vanity as to their appearance. Who knows? Perhaps the correction of mal occlusion of the teeth flourished to a degree in ancient times. There are men to-day using the Hippocrates and Celsus methods, for moving and retaining with ligature wire, and the use of bands is universal. The first work wherein is found written instruction on Orthodontia dates back about three hundred and sixty years, and is summed up in a few words in a small booklet published by Egenoliff in 1541. This writer says: "It often happens to children more than seven years of age, when the teeth begin to drop out, that other teeth grow by the side of those which loosen the tooth about fallen out from the gums and move it often to and fro until it can be taken out, and then push the new one every day toward the place where the first one was until it sits there and fits in among the others; for if you neglect to attend to this, the old teeth will remain, turn black, and the young one will be impeded from growing straight, and can no more be pushed to its right place." The writer does not give any advice for mechanical treatment. The advice given by Hippocrates and Celsus is far more practical.

In 1618, Hilkiah Crooke published a work on Second Dentition. The author says: "The shearing teeth (the incisors) when they do break forth, do thrust the first shearers out before them, and issue between the first two, the second and the dog tooth, that is next unto them. But if the former teeth will not fall, or be pulled out, or if the latter issue before the third fall, then the latter make their way through new sockets, and turn in the upper jaw outward, in the lower jaw inward, so that there seemed to arise a new row of teeth, and thus indeed hath deceived many historians and anatomists also."

In 1728 John Hunter wrote a book on dentistry. In his book he devotes three chapters to regulation of the teeth. In general, he



Showing Evolution of Retaining Appliances
Illustrating Dr. McDowell's Article in this Number.



Showing Evolution of Retaining Appliances

Illustrating Dr. McDowell's Article in this Number.

says that the regulating is accomplished with ligatures and silver plates. "If the upper jaw is narrow and contracted, stretch across the roof of the mouth a silver bar, which will widen the circle." How this appliance is to be attached, or how force is to be applied, he does not say.

In 1746, Fouchard wrote on dentistry, and about forty years later (1786) Boudet wrote a book on dentistry. Both Fouchard and Boudet paid considerable attention to irregularities of the teeth. However, the appliances used by them were in principle and construction about the same. They were crude and bulky and consisted mainly of strings or ligatures and flat metallic springs for arches. This was the beginning of the expansion arch, which has undergone so many changes in form; but the mechanical principle of the arch is to-day the same as it was in 1746.

In 1814 Fox wrote extensively on irregularities, but the use of ligatures and metal spring arches was continued. An appliance in the form of an inclined plane was added. Up to about 1800 finger pressure, ligatures, and metallic springs were the means of regulating teeth. The last fifty years cover all the valuable improvements made in regulating appliances, but the last thirty years have witnessed more change in methods of treatment and success perhaps than all the previous years combined.

Until the discovery of process of vulcanizing rubber in 1839, most of the appliances consisted of wooden wedges, flat metallic arches, inclined plane, etc. After the discovery of vulcanizable rubber, metallic arches, bands and springs were used, together with rubber. About the year 1845 Doctor Dwinnell invented the jack-screw for use in the mouth. In 1872 Doctor Magill introduced for orthodontia the method of banding the teeth with strips of metal.

Too much cannot be said about the appliances and the results of the remarkable work given to the dental profession in a work on orthodontia published in 1879 by Doctor Norman W. Kingsley, of New York. Orthodontists owe a debt of gratitude to Doctor Kingsley, who is the father of modern orthodontia. One has only to read his work on orthodontia to fully realize the originality, and his success in the treatment of cases thirty years ago, and it is through the efforts of this pioneer worker in modern orthodontia that many of the methods of treatment stand where they do to-day.

(To be continued.)

PROSTHETIC DENTISTRY

By B. J. Cigrand, B. S., M. S., D. D. S.

(Professor of Prosthetic Dentistry and Technics, College of Dentistry, University of Illinois.)

CHAPTER XXII.

At the present time the dental profession has a very unsatisfactory method for keeping material records of cases, both as to the prosthetic and orthodontia departments. The importance of such a record or transcript of the mouth is too generally underestimated. The practitioners do not make models of cases as frequently as they should. The orthodonist ought, before regulating a case, have an impression and run a model of the mouth, so he may have it as a reference and be able to demonstrate the progress made in the given

FIG. I.

case. As it is we now produce models of these cases and the room these models occupy is an argument against their use; they are bulky, collect dust, sweat salt, and are readily broken.

It needs no further statements against the practice of plaster of paris models as "records," the practitioners have long sought some method which might produce a model assuring cleanliness and durability; some few prostheists and orthodontists have advocated the incorporation of marble-dust into the plaster, thereby producing a harder and more lasting model, while others have gone to the trouble

FIG. II.

of accurately and minutely describing the case in the technical terms of our profession, but these methods have not as yet been adopted—they are used by some few, and quite generally each dentist has some favorite method of his own, hence no definite or accepted method for keeping a visual or material record. Fig. I.

At the coming clinics of the colleges at Chicago I will demonstrate a new method of producing an accurate "Metallic Film Record Model." The teeth were reproduced in their absolute normal condition. The result was a positive success. The method being by employment of the deposition of molecules of copper on a specially prepared impression material. The model thus produced is made direct from the patient's mouth, and hence the transcript does not lose any of

FIG. III.

the identity of the oral cavity. There can be no doubt that this method of reproducing the various conditions of the mouth is truly perfect. The deposition of the metal, whether of nickel, gold, copper or combination platinum and gold, is the method most likely to produce definite and exact results. Fig. II.

Again, I have prepared my dental model with a film of this combination metal and vulcanized upon it a most magnificent vulcanite base. Dr. Snow assured us that as yet we had not the ideal

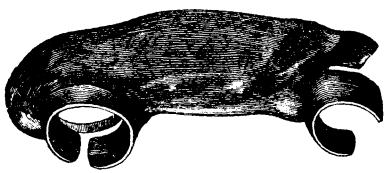


FIG. IV.

model for rubber work. The metallic deposition which I use is not placed on the model, making the latter larger by the thickness of the metal, but on the contrary it is deposited on the impression, hence the external surface of the metallic model is the direct transcript of the mouth.

I can supply the dental profession with metallic "Film Records" if they send me their "plaster paris models."

Some few years ago when I demonstrated the method of "cupric deposit" as an element in the construction of artificial dental bases,

I was quite aware that this demonstration was more in the form of a novelty than a real practical discovery. But I am now prepared to

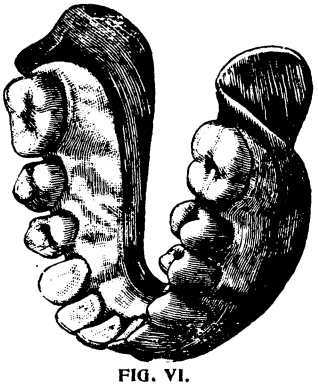


FIG. VI.

say that by this perfected agency we can obtain results and effects which are purely of practical use.

The "Film Records" being of metal and constructed of thin metal, productive of a mere shell, allow you to stow away many records in a small space. They are cleanly and remain in the original form.

If any practitioner desires to preserve the models he now has in plaster, and convert them into the "Metallic Film Record," I shall be glad to serve him.

The advantage of producing the metal plate for practical dentures is apparent to all. By this means you deposit direct and do

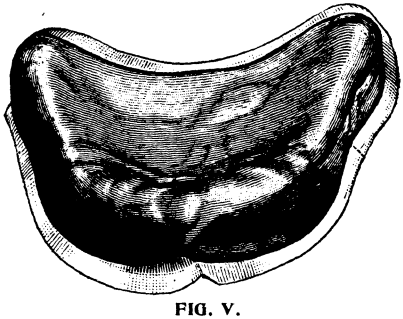


FIG. V.

to lose the identity of the mouth by the repeated transcripts from model to die and thence to metal base by the swage.

Besides a case that is swaged can never hope to be as accurate as one that has been produced by the deposition method. I am reasonably satisfied that by the agency of metallic deposits we can attain to a ground where accurate metal bases are produced with-

out the need of forcing molten metal or fashioning the dry metal under severe pressure.

Some of the specimens shown at the college clinic were the result of but a few months of experimentation, and I hope to be able to perfect the method to a point where inlays of gold can be made with every assurance of success.

The demonstrations along this line—conducted some seven years ago—have convinced many of the possible utility of the metallic deposition method. The records can be made very firm, in fact, I have produced one which would admit of 250 lbs. of pressure without yielding its original form.

Another and very valuable place where the deposition method can be used is to make a coating of copper in the specially prepared impression and then flow this metallic model full of zinc. You can now feel that the model is correct, and being coated with the hard metal will admit of considerable abuse, hence dispensing with the necessity of having several models for swaging aluminum or heavy gold bases for artificial dentures.

The principal advantage of this deposition method is that by this process there is no shrinkage or expansion; it is absolutely a counterpart of that on which it is deposited. The plaster model either expands or contracts, depending on the temperature and moisture of the laboratory, but the metallic model is free from this and so far is the nearest exact process for duplication known.

This method is especially indicated where you wish to produce a strong and exact copy of the mouth in metal, and is particularly well adapted for edentulous cases, since it is difficult to deposit in deep undercuts. Lower cases are especially favorable. Figs. III and VI, and edentulous uppers, Fig. V.

The process entails some difficulty, but its products warrant the task. If you desire a true copy of the edentulous mouth, this system of reproduction is without a peer.

In the formation of a saddle-bridge, Fig. IV, this method can be readily applied, the deposition being made between the pillars, as shown, or in removable bridges or small clasp cases. The clasps can be soldered to the metal, and you have a tightly fitting base, perfectly resting on the alveolar ridge.

The possibilities of such a procedure, are countless. The rougher surface, created by the deposit, would also aid in holding the vulcanite in the event that it was intended to veneer the metal with vulcanite. There would be no need of soldering to the plate of metal any staples, anchors or stays. The attachment would be securely held by the nodules of deposited metal.

OPERATIVE DENTISTRY

By R. B. Tuller, D. D. S.,
Clinical Professor of Operative Dentistry, Chicago College of Dental Surgery.

CHAPTER XXII.

THE TECHNIQUE OF PORCELAIN INLAY MAKING.

The securing of a matrix for a porcelain inlay is exceedingly particular work, for on the exactness of the fit of the matrix depends the fit of the finished inlay.

Platinum only can be used with what are termed high fusing bodies. This should be secured as pure and ductile as it can be made, and rolled to one one-thousandth of an inch in thickness. Some platinum sold for inlay purposes is found to be rather crisp and brittle and easily torn, and presumably is not refined as completely as it should be. A tear in the bottom of the concavity of a matrix, if it does not extend up the sides, does no harm, and pure platinum will sometimes tear a little in the bottom of deep cavities unless one is extremely careful in manipulation. A large tear, and especially one that runs up the sides to any extent, may cause some distortion and consequent misfit. A tear of any sort at the margin, or a split of the material from the margin out, renders it necessary to begin anew with a new piece of platinum. Some supply houses fully comprehending the needs of the inlay worker, have on sale little sheets of platinum made especially for inlay work, and it is annealed and ready for use. It is possible, however, that in the handling due to marketing, etc., that reannealing may be necessary, and particular operators always do this before beginning work.

Reannealing is advisable once or twice during the process of burnishing or swaging. Annealing may be done with the blow pipe, bringing it to the highest white heat possible. Or, it may be annealed in the furnace at the heat required for baking, but usually that takes much more time than doing it with the blow pipe, and especially if the furnace has to be gradually run up to the proper heat.

In making a matrix a piece of platinum should be cut from the sheet large enough to extend some distance beyond the cavity margins after the central portion has been carried to the bottom of the cavity. A good, wide margin outside the cavity, or as wide

as is consistent with convenient working, helps materially to preserve the integrity of matrix shape during the subsequent baking; or, in other words, resists as a narrow margin would not, perhaps, any tendency, to warp under the stress of heat and the shrinking and drawing of the fusing porcelain.

As has been said in a previous article, good, fresh camphor gum is a splendid substance to swage, so to speak, the matrix into the cavity in the tooth. It is hard enough and yet yielding enough under pressure with a burnisher, to force the platinum closely to all inequalities of the walls, but, as a rule, there are wrinkles that must be ironed out with suitable burnishers at the margins. This may be done with the camphor in place, removing enough, of course, to expose the margins. The camphor, too, holds the matrix firmly in place while this burnishing is done, or, at least, by holding the camphor in place if there is any tendency to dislodge.

In the first steps of fitting a matrix a ball of cotton or spunk should be used to carry the central portion of platinum down to the floor of cavity, allowing it to fold and wrinkle as it may. Holding the cotton in place firmly, use a burnisher to gently expand metal toward the walls, but do no burnishing at this stage. The cotton or spunk can now be removed, and a piece of camphor gum put in its place, which is forced in so as to carry the metal to the walls everywhere. Fill the cavity full, and now begin to flare the metal out over the margins. This may often be done with the finger or something large enough to carry the overlap all down at same time, or as much so as may be done. Some portions, and particularly between the teeth at cervical margins, will need special manipulation, to get edges all down as they should be. Now it is ready for burnishing, which should be begun inside the cavity at the margins and gradually work over to the outside with suitable ironing or burnishing instruments. Burnishing the entire overlap down on to the tooth is not necessary, only a little way from the cavity margin, unless it is desired to have the shape of the tooth very distinctly outlined, which is sometimes essential with contour work, and especially in anterior teeth. But too much surplus of metal very frequently interferes with the removal of a matrix from between the teeth even when plenty of space has been secured. Burnishing should be continued about the margins until all folds and wrinkles are ironed out, but there is such a thing as doing too much bur-

nishing. We want perfect adaptation, and when we have got that, stop. Burnishing expands the metal, and if it is done beyond what is required to iron out folds and wrinkles and get adaptation, we can go on until we make a misfit and may even tear the metal a little at the sharp margin. If we do that to any appreciable extent we would do better to begin anew with a new piece of material.

When our fitting is completed it is desirable to remove the matrix with the camphor in place, or as much as can be, though it cannot always be done when the cavity is between teeth, though, as a rule, the space that has been secured—an important step in all inlay work between teeth—is sufficient to allow removal of matrix with the gum in place. To get rid of the gum it is only necessary to set it on fire and let it burn out, which it does without residue.

The use of camphor gum will enable an operator to fit a matrix in the mouth with ease in many cases that would otherwise be very difficult, and particularly if the operator is working single-handed. It is often a difficult thing, with a good assistant, to fit a matrix in the mouth, and quite impossible in many cases to hold the lips and cheek away and hold the platinum in place and do the burnishing—three things—with only two hands. With gum camphor in place holding the inlay in place for you the proposition is easier.

With a matrix secured, we come to the introduction of the porcelain. If the cavity is simple, a mere cup-shaped one, the filling in and baking is a comparatively easy matter. Contours, however, require considerable more artistic taste and manipulative ability, not to mention the selection and blending of shades, the latter, however, a particular thing in all porcelain inlay work. It is not always possible to teach another very much about contouring and blending of shades, and especially by any set rules. There must be some intuitive taste and ability; but that holds good all along the line of dentistry. The man who has not some artistic taste in him will fall short of doing high grade dental work of any kind requiring aesthetic results.

The mixing of the porcelain material is done usually with water—good, clear water—though some use alcohol, which evaporates much faster than water and may facilitate the work in that respect. The mixing should be done with a small, pointed spatula on a clean piece of glass or a porcelain slab.

Taking Brewster's material, for instance, we have foundation body

and enamel body. The first is considerably higher fusing than the latter. The foundation established, outlining to some extent the finished inlay (resembling in a way the dentine of the natural tooth), there is no further shrinkage or change in that, if properly handled, while baking on the enamel body—which comes in many shades and represents the enamel of the natural tooth.

Mixing some foundation body to about the consistency of dough, a bit of it is taken up and gently placed in the matrix, the latter being held by locking tweezers at some convenient edge—that is, not close to the cavity margin. The matrix is held at a point away from the cavity margin, so that any tendency to bend while handling will not be liable to spring the matrix as it might if bent close to margin.

The next step is to jar it down, which adapts it to the matrix and brings the water to the surface, which should be absorbed with bits of bibulous paper, or a bit of old linen or white blotting paper. Jar down and absorb as long as any water shows, and finally dry out by warm air—not high heat—before putting into the already heated furnace. Thrusting a filled up matrix too quickly in a hot furnace causes the formation steam that explodes and throws out your material, requiring the work of refilling.

The quantity of material should never be enough to overflow the matrix and get on to outside parts. Should it, by any mistake, do so, it must be trimmed and brushed off clean of any powder or dust.

The jarring down of the wet material is best done with a notched or knurled instrument handle, rasped gently over the tweezer blades, absorbing the water as fast as it appears, and repeating it as long as may be necessary. When dried out well it is introduced into the furnace at lowest notch and gradually brought up until pure gold (placed on a holder alongside of the inlay) melts. At this point begin to time, and run three minutes.

If on examination more foundation is needed, which is often the case, add the deficiency, and rebake. The next step is to add the enamel body, with some kind of yellow at the neck end usually, if it goes up to the neck of the tooth, and bake that in running up as before, gradually, to the melting point of pure gold, but this time continuing for only 1½ minutes. If one knows how, the yellow enamel body may be placed and dried out with bibulous paper, and then whatever shade comes next it may be put in, and the jarring makes a nice blend of the two shades, if done right and not jarred

too long, and so doing saves one baking. Now, if the shading is satisfactory, the further addition of enamel body may be, and probably will be, necessary to round out the inlay to proper fullness, but a translucent or transparent quality may now be used that will permit of the color layer showing through, producing a very natural effect. This last layer fuses at 1¼ minutes after the gold melts. The scheme is to have the first body used the highest fusing and the next a little lower, and so on, so that there is no great change in the first ones in fusing the later ones.

If there is a tear in the bottom of the matrix and the material is not used too wet, it will bridge over and do no harm, but sometimes when too wet it will go through, and it is always a good plan to watch the under side and see that none of the material gets on the back and is baked on where it is not wanted. The same watchfulness is necessary around margins to not have any material outside the marginal line.

In large proximo-occlusial cavities in molars and bicuspids, the two side walls have a tendency to draw towards each other in the shrinking of the porcelain, unless precautions are taken. If the side walls of the matrix are painted with a little thin shellac in alcohol (varnish), the porcelain will not adhere to those walls and, consequently, will not draw them in in shrinking. This refers to the first bake of foundation body, which is generally planned, if it can be, to be the full quantity of foundation needed. The shellac burns out and, the next layer put on finds its way down into the crevice left by the varnish and fills the space, and at this stage of the work no shrinkage is expected that would affect the matrix appreciably if rules in regard to baking are followed. Some operators, in some instances at least, go back to the cavity in the tooth after the matrix is baked three-fourths full, and correct any warping by reburnishing the margins.

(To be continued.)

DENTAL THERAPEUTICS.

(By Geo. W. Cook, B. S., D. D. S., Chicago, Ill., Professor of Bacteriology and Pathology, University of Illinois, Professor of Oral Surgery, Dearborn Medical College.)

CHAPTER XXI.

In our last paper we called attention to the action of the saline cathartics, and in that connection the main points brought out on the subject indicated were that such agents would be of value in chronic constipation. As is well known, it frequently happens that any disturbance in the intestinal or digestive apparatus is attended with manifestations of a certain local disturbance, and especially of the oral mucous membrane and various tissues surrounding the teeth.

In pyorrhea alveolaris it is not uncommon and, in fact, is quite frequent that patients suffer from chronic constipation, or some disturbance in the intestinal tract; and, as is well known, such cases most always suffer from some general disturbance, such as rheumatism, gout, or allied affections. So commonly have these cases of rheumatism and gout accompanied various phases of pyorrhea alveolaris, that many authors have looked upon it as the direct effects of rheumatism, or the so-called uric acid diathesis; and have laid great stress upon the constitutional conditions of pyorrhea, or, in other words, the local disturbance of pyorrhea manifesting itself in a great many instances in conjunction with certain of these constitutional manifestations known as rheumatism and the so-called gouty diathesis. It is interesting to note that many local disturbances are accompanied with these general disturbances, and that these general disturbances are usually the result of some disturbance in the digestive tract. In the majority of instances this intestinal affection known as constipation is the result of the arrested peristalsis of the intestinal tract. Where such a condition exists for any great length of time there usually appears some local infectious condition somewhere in the body, as the results of susceptibility of the individual because of the general disturbance of the intestinal tract, and more commonly the so-called habitual constipation. Now, in such cases as where pyorrhea alveolaris and, in fact, any disturbances in the intestinal tract like constipation, the pyorrhea condition can be very materially benefited by the use of the saline cathartics, which is also true of many local disturbances like tonsillitis, rheumatism, gout, etc.

In connection with the advantages of the therapeutic use of potassium iodide, I mentioned that this agent was used to advantage in cases of pyorrhea alveolaris, because of its eliminating power, and that possibly the iodides entered into the living protoplasmia in a way that the protoplasmic structure acted as a bacterial lysin, and at the same time the agent possessed valuable qualities as an eliminator of toxic products in the body.

In the hydrates and carbonates of the so-called alkali series, potassium, sodium and lithium are the compounds that are most commonly used in this group of agents, and it is thought by some that the hydrates and carbonates possess many advantages in their pharmacological action over that of the above named alkaline agents, and that their action is due, not to the metallic ions, but more especially to the non-metallic or hydroxyl ions. The true pharmacology of this group is their ability to neutralize acids, dissolving proteids, and saponifying fats. However, in the intestinal tract their salt action is of some value in withdrawing fluids from the tissues.

The hydrates of these metals have a more powerful solvent action than carbonates or bicarbonates. The very dilute solutions act upon the tissues only on the superficial surfaces, and will not penetrate so deeply as does the stronger solutions. These so-called costic compounds, in strong solutions, when brought in contact with tissue, penetrates very deeply, and, as is well known, act very differently as a costic agent to that of many of the so-called corrosive agents. This penetrating action is due principally to their ability to dissolve the proteid substance as they penetrate, thus establishing a liquid condition of proteids that has the power of continuously disassociating these so-called hydroxyl compounds.

We learned that the chlorides of these metals acted by disassociating in the tissues and liberating the metal ion, in a way that the metal combined with the proteid molecule or with the protoplasmia, and established a chemical combination that produced a physical effect upon the proteids themselves. We take, for instance, the potassium hydrate; its action in the stomach is very different to that of the potassium chloride. In the case of the chlorides, we have the disassociation with the metal drawing the fluids from the tissue, while in the case of the hydrates we have a disassociation with the hydrogen passing into the tissues, which will interfere with the water being drawn from the protoplasmic structure, and instead of the

action of the potassium and the chlorine being the active ions in the tissue, the hydrogen or the hydroxyl molecule will be the important ion in the stomach, or in other tissue, as the case may be.

It has been said, from time to time, that these alkaline substances had a beneficial effect upon the stimulation of the glands of the stomach, or an increased production of hydrochloric acid in the stomach, and especially if the quantities were not so great as to cause complete neutralization of the hydrochloric acid that digestion would be somewhat increased because of the stimulation of the glandular structure of the stomach. But this theory is probably not true, because it has been fairly well demonstrated that these alkaline agents have no effect upon the increased flow of hydrochloric acid, but that if they are increased in quantities sufficient to neutralize the acid they will be the means of penetrating into the coatings of the stomach, and if quantities are administered in sufficient amount they will cause perforation of the walls of this organ, which will result fatally. However, if they pass into the small intestines they will, as a rule, be so neutralized, become disassociated and pass into the circulation, and in this manner may have some neutralizing effect upon the blood, provided this fluid is nearly or quite to the point of acidity. We know that it is a well known physiological fact that the blood never becomes decidedly acid, but that it may become so near the point of acidity as to feel that sometimes a substance is necessary to even render it a little more alkaline than it is under certain circumstances. Therefore, such substances as carbonates and hydrates are probably necessary so as to render the circulating fluids of the body slightly more alkaline.

In this connection, it might be well to state that where these hydrates and carbonates of potassium are administered in quantities sufficient to neutralize the acidity of the stomach and intestinal tract, that intestinal putrefaction is usually increased, which is due, of course, to the antiseptic action of the hydrochloric acid in the intestines. It has been observed, however, that in the administration of these agents in the ordinary medicinal doses, putrefaction is not necessarily increased, because the double sulphates in the urine is not increased; for it has been observed that when putrefactive changes take place in any considerable quantity the double sulphates of the urine are increased. This demonstrates very conclusively that intestinal putrefaction has some influence upon the immunity or sus-

ceptibility of certain individuals where intestinal putrefaction has been going on for a sufficient length of time to cause absorption of certain sulphate compounds, thus given off in the form of double sulphates in the urine.

This discussion brings up an old and important subject of metabolism of the body, and the effects that certain metabolic processes have upon the form of uric acid in the body. It is sufficient to say, however, that these alkaline salts, especially the hydrates and carbonates, play some role in the neutralization of the hydrochloric acid in the stomach that influences metabolic changes in the tissue of the body, and act either for or against the formation of uric acid. The influence that the carbonates and hydrates have on the formation of uric acid is a subject that has been discussed pro and con for several years past, and it would be out of place to discuss them here at this time.

Since we have admitted that intestinal putrefaction and certain disturbances of the digestive apparatus have a deleterious influence on the body as a whole, and that this influence assists in bringing about certain local disturbances, and possibly has some influence on the mucous membrane of the oral cavity in producing certain enzymes or acids that causes destruction of tooth substance, such as we designate erosion, we are justified in looking pretty closely at such physiological changes as the formation of uric acid or the double sulphates in the urine, also the effects that these carbonates and hydrate compounds have upon the intestinal putrefaction, and the effects they may have in neutralizing the hydrochloric acid in the stomach, and rendering this substance less effective in the digestion of food. We have previously mentioned that constipation influences such diseases as pyorrhea, and, in some instances, plays an important role as one of the constitutional factors that enters into the causation of this disease. Thus, it is important that we attend with profound understanding the causation of this disease as manifests itself in certain intestinal affections, and the wise administration of saline cathartics or the permanent benefit to be derived from this local lesion.

There is no question in the mind of a well trained scientific observer that pyorrhea is a local infectious disease, due to inherited or acquired predisposition to the disease, and that the acquired predisposition, in the majority of instances, is the result of a chronic or

habitually disturbed physiological function of the intestinal tract. The local relief for this disease can only be temporary unless the body can be rendered more immune to local infectious diseases by certain constitutional or metabolic conditions; and many times this intestinal disturbance is one of the factors which enter into and becomes one of the main factors in the causation of the uirc acid diathesis.

In local treatments of these certain oral affections almost every conceivable remedy known to the pharmacopia has been used. One of the remedies that seems to be beneficial in the treatment of certain sensitive cavities, especially those formed at the labial or buccal gingival surfaces, and where they are extremely sensitive, potassium hydrate or sodium hydrate applied with a pledget of cotton in a very concentrated solution will frequently render these cavities less sensitive, and, in some instances, arrest the progress of the disease.

In the progress of investigations carried on by Drs. Hinkins, Buckley and myself, I have for the last year been applying these costic agents, not only to the eroded surfaces of the tooth, but to the gingival border adjacent to the cavity, and to the labial or buccal mucous membrane coming in direct contact with these surfaces. In one instance I have completely arrested the formation of these small eroded sensitive cavities that appeared at the gingival border of a lower cuspid, and first and second bicuspids. In this particular case there was a decided acid condition of the mucous surface coming in direct contact with these teeth. I might state here that I did not apply these costic compounds to the mucous membrane in sufficient strength to cause decided corrosive action of the mucous cells, but twice a week I made an application sufficient to cause little burning sensation to the patient, and would then make an application to these gingival cavities, and finally the extreme sensitiveness disappeared; and with a fine sand-paper disk I polished the surface and left them, now some six months, without the sensitiveness reappearing. I also advised the patient to use, about twice a week, a saline cathartic. There has been a decided improvement, not only in the general appearance of the mucous membrane, but a decidedly less acid condition of these surfaces, and the general health of the patient is very much improved. The patient was a very highly nervous individual, with more or less sedentary habits and an active mental worker. I cite this case in more or less detail because in this

case the use of the salines with local applications of the hydrates and carbonate compounds of sodium and potassium, has rendered some marvelous changes in the oral cavity. It might be well to state, in this connection, that he suffered from pyorrhea alveolaris in two or three teeth, of eight or nine years' standing. My treatment for this case was the removal, so far as possible, of the deposits on the roots of the teeth and applied sodium hydrate in saturated solutions in the pockets around the necks of the teeth.

In another case of pyorrhea, where there was no erosion whatever and no remedy was recommended for the constitutional condition, I treated the case in the usual manner by instruments, and supplemented this treatment by sodium hydrate, as in the case previously mentioned. I found that the result was equally as beneficial.

In a large number of cases of pyorrhea we have in the pyorrhea pockets a mucoid gelatenous substance, and the complete absence of pus formation. In such cases I believe that the treatment, with some of the metallic hydrates, like those above mentioned, the effects will be much more beneficial than the treatment with lactic acid or phenol sulphonic acid, for the reason that we know that these acids have but very little effect upon the dissolving of that colloid substance present in the absence of pus. As we have previously stated, the hydrates and carbonates have a very dissolving effect upon proteids and colloids, as found in these cases. There is one very important fact that has been brought to light in the study of these cases, and that is, that in Pyorrhea Alveolaris, as in all other diseases, you have to study and treat the individual rather than the disease. The general manifestation of pathological processes in tissue, as well as in the general constitution of the individual, the cases resemble each other very much and, in fact, they are classed as the same disease in all persons; but, as a matter of fact, the etiological factors that enter into any disease process must differ to a more or less degree depending upon the individual, because we know that there is a variation in the irritability of all protoplasmia regardless of whether it appears in the higher or lower forms of life, or in the vegetable or animal kingdom.

(To be continued.)

ORIGINAL CONTRIBUTIONS

TOOTHSOME TOPICS.

By R. B. Tuller.

(No. 18.)

Say,
I'm a
Friend of yours.
I am, for a fact.
You may not think it,
But it is true; truly true.
Being a friend—a real friend—
I want to have a heart to heart talk with you. Yes, *you.*

You are a pretty decent looking fellow. Your clothes look reasonably clean and tidy, and your linen fresh;

And your hands look soft and well cared for, and your nails are well manicured—not professionally manicured, perhaps, but a very decent job, if you did do it yourself.

The barber seems to have had you in hand, too; even to a facial massage with plenty of hot towels. Why, you look sweet enough to ki——

But, avast! Stand back! A heart to heart talk means—well, I wish I hadn't spoken of it. It is too late now to back up, however. It is the only chance for a remedy, and I have to face you too often to not have it over and done with.

I don't wish to offend you in the least—not for anything; and, say, now, you must not be offended. Somebody has *got* to tell you—if you haven't a wife—and sometimes if you have.

But please don't look me in the eye. Kindly turn your face away while I propound a question.

Do you make Limburger cheese a part of your daily diet—no? Well, it might be an improvement if you did. Aha! are you on?

I've been trying to approach this matter as gently and delicately as I could, and I'm glad you've caught on. It is *rank!* You may have your opinion about *my* eating Limburger, but this is my inning, not yours. I have the floor and I'm talking to *you.*

I just wanted to tell you what you probably don't know about yourself. Your breath——

"Oh, the smell of the jasamine-flower" is much more agreeable; and even a burnt woolen rag—well, you can guess what that is, anyway.

To be plain, the afflatus of that embrassure of your physiogomy is not of that divine inspirational character that impels one to linger in the aroma (?) and think lofty thoughts and sentiments, any more than it would to loll on a hot summer day on the banks of "Bubbly Creek," in which the offal of the Chicago stock yards discharges and lies festering for many a day. No, I don't think.

On the contrary, cuss words float through one's brain, and not infrequently, audibly through the air; and the first impulse (and the last), is to flee—flee as a bird.

But what about those patients of yours? They, no doubt, think cuss words all right, and the sin is on your head; but they can't flee —not for the moment; but they may at the first opportunity, and never return.

Now, sir, this is where I'm your friend. I'm telling you in this quiet, *sub-rosa* way so that you may try and correct the evil and avert any such catastrophe. That is what it is, and a dum poor advertisement when your patient's tongue never forgets to give you a left-hander after this fashion: "What a pity it is that such a nice, pleasant gentleman and fine operator has such a terrible breath! Wuh!"

You are not the man? What? Do you deny the *rank* impeachment? Well, sure, there is no suggestion of peach or mint about it. It is *vile!*

Oh, possibly not today, because your health is better than yesterday—your stomach, anyway—and because you have taken extra precautions; but tomorrow, or next day, possibly in an hour after taking some kinds of food. You can never tell, yourself, whether your breath is tainted or not, so don't get sore at me for giving you the tip and being plain about it. Oh, yes, of course, if you have a

very dark brown taste in your mouth you may know that your breath is not like an infant's.

You say you take every precaution as regards cleanliness and hygiene? You brush your teeth and use antiseptic washes three or four times a day? Good! Keep it up! But do you make any effort to regulate your diet—except possibly to deny yourself onions and garlic? Is your digestion good? Knowing it is not, do you take any precautions against the putrefying odors that are extremely evident?

Do you drink? Excuse me, I did not ask you to have anything. Not me. If anyone asks you, begin the new year right and politely but firmly decline.

Let your motto be,

No "suds" for me.

Isn't it strange what drawbacks there are to a number of good things in this world—and you can't disguise them, not even with cloves or cardamoms. No, the only thing to do is to let it alone. Cling to the sprinkler, though the spray takes all the crease out of your trousers.

But you smoke? Oh, yes, I've seen you. I've seen you (some of you) with one of those *nasty* cigarettes in your mouth, and here in a civilized community. What's that? You've seen me with rope? Well, not from any craving inclination to smoke rope. Mine is a two-for-fifty taste, with two-for-five resources. But *you* are the target of this topic, not I. Don't go out and smoke anything and go back and breathe it into the sensitive face of the patient you've got down in the chair and who can't get away. Remember, that at your sweetest you do not smell always like the delicate odor of attar of roses.

Oh, of course, you rinse your mouth and even scrub out your mustache, but tobacco takes several hours to fade away, and you know it. Such efforts as you may use to modify or suppress the disagreeableness is the least you can do, but why don't you use some horse sense? Horses do not pollute their mouths with tobacco.

When the poet was stirred by the real divine afflatus to pen the *beautiful* lines below, he no doubt had been stirred many a time before by the rank and rancid afflatus of a tobacco mouth. Wuh! Here are the beautiful lines. Commit them to memory and follow the resolution of little Robert:

"I'll never use tobacco, no;
For 'tis a filthy weed;
I'll *never* put it in my mouth,
Said little Robert Reed."

It is a long time since I saw the poem and I may not have quoted it verbatim. In fact, I've been questioning in my own mind if the boy's name was not Jimmie instead of Robert, and Reed may be spelled wrong. Any way, the sentiment of the thing is there. Inhale that instead of tobacco—and especially cigarettes.

We have to inflict woes enough on our patients without overwhelming them with a rank breath. Sometimes they come back at us with a worse one, it is true; but we have remedies at hand for temporary relief, while they have none—except to get away from us as soon as they can.

The trouble is, as I have already said, that not one person in a thousand suspects that he has a bad breath until told by some good friend.

Now, what is there to be done for ourselves?—I mean for you. I forgot I was talking just to *you*.

Well, use every precaution to keep your stomach in a first-class normal condition, and avoid any ill-smelling diet—that is, that is ill-smelling after it is down. Yes, you have got to be mighty careful of the things you may eat and drink, if you want a nice, clean breath, beside using all hygienic measures (and use them often) for odors that emanate from fermenting and decaying food particles in the mouth. Make it a point to use a good deodorant and antiseptic mouthwash before beginning service for each patient; and if the service is at all protracted, repeat the dose once, twice or thrice. Treat yourself as a suspect at all times and use precautions, and keep your mouth closed while operating. The older you grow the more the need. You know it well enough.

Dioxogen is my favorite mouth wash, or something of that order. Nothing burrows into the deep and obscure recesses and brings out the offensive substances better than some of the H_2O_2 preparations of about 3% strength. When I get hold of a patient with an offensive breath I very soon introduce a dose of peroxide into the mouth on some pretext or another, or without any, and then follow with peppermint water or sanitol.

When we come to nasal catarrhal conditions in ourselves and

others, then we have sometimes got something hard to contend with, and should refer and urge the patient, or ourselves, may be, to consult a physician. Disorders of the stomach, too, should generally go to the physician.

You still think I am talking to some one else, and that *you* are all right? Well, what you think you are and what you are, are very different propositions very often. Get wise early in the game and whatever you are, try and not be a stingy fellow in the effort to keep your breath as pure and sweet as a new-born babe's or a nice, tidy girl of sweet sixteen.

You know and I know some dentists who set us to wondering how on earth they hold a practice, but if we had something like litmus to test for bad smells in our mouths a good many of us might get a shock. Don't take any chances.

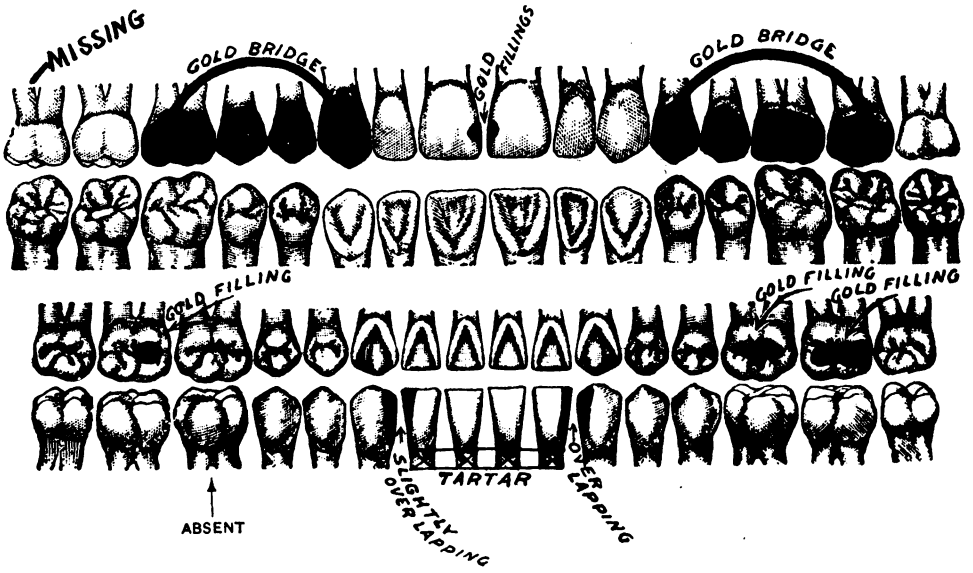
Anyway—

Reek not thy breath with brew or still,
And 'gainst tobacco set thy will.
Do not distend thy stomach out
With onion-salads and sourkrout.

Huh?

DESCRIPTION OF NUDE BODY OF MURDERED WOMAN

Found on Cutler Mountain, December 17, 1904.



The body was that of a woman well developed and apparently well kept, but discolored from fire and exposure to the elements. The face, nose, lips, chin, left side of neck, both ears, shoulders and breasts burned so as not to be recognizable.

She was probably between 25 and 35 years of age, weight about 120 to 130 pounds, height 5 feet 2 or 3 inches; light auburn or ash blonde hair, part of which was burned off; skin evidently fair, with no birth marks or scars showing; small bones, limbs well rounded, hips and thighs large, very small hands, nails clean, long and well manicured; feet small, toes even and straight, nails manicured; probably wore a number 2, 2½ or 3 shoe.

TEETH—The teeth were large, white and chalky. In the upper jaw on the right side, the wisdom tooth had never developed; the second molar was present with no fillings. A bridge extended from the first molar to the cuspid. This bridge was of solid gold and worn on the Linguo-Mesial portion of the crown. The first and second bicuspid being absent, their places were supplied with solid dummies. Two gold fillings

of medium size in the Mesial of the upper centrals or incisors. The upper teeth protrude slightly. In the left upper jaw a gold bridge extended from the first bicuspid to the second molar; a peculiarity of this bridge is in the fact that the second molar is made of a bicuspid dummy. The third molar or wisdom tooth on this side is present. In the lower jaw on the right side the third molar or wisdom tooth is present, the second molar has a gold filling in the Mesio-occlusial surface. The first molar is absent, evidently for some years, as the space is almost closed. Slight overlapping of cuspid on latteral. Pyorrhea of lower teeth—centrals and latterals—with considerable tartar, showing that they had not been cleaned recently. Left side:—considerable overlapping of cuspid on latteral; all teeth present on left side lower jaw. First molar large gold filling on occlusial surface; second molar large gold filling on occlusial extending on to the distal surface; third molar or wisdom tooth undeveloped, that is, partially covered with tissue.

All clothing, finger and ear rings, and all other means of identification had been removed from the body and no trace of same have been found, and up to the present time we have been unable to identify her.

The above description and diagram is the only evidence we have for identification.

Kindly call the attention of dentists in your city to the above description and diagram. If possible, have your newspapers print it.

Address all information and inquiries to

AMERICAN DENTAL JOURNAL.

REPORT OF THE REORGANIZATION COMMITTEE OF THE ILLINOIS STATE DENTAL SOCIETY

It is almost impossible to give a full report of the work that has been done by the reorganization committee in the limited space at our disposal in this bulletin. Some idea may be gained of its scope from the fact that not less than one hundred and fifty officers and committeemen have taken a more or less active part in its advancement. At the first meeting of the committee after the meeting of the State Society last May, it was decided to take up first the reorganization of the various local societies then in existence, asking most of them to add some territory to that from which they then drew their membership. It was thought that the accomplishment of this much, with the organization of one or two new societies in sections which seemed particularly favorable, would be all we could hope to accomplish during the first year. As the work has progressed, however, the committee has been surprised to find the profession throughout the state much more interested in the organization of local societies than we had supposed, and in several instances we received letters offering assistance from sections in which we had not attempted to do anything. The committee therefore decided that it would be advisable to broaden the scope of the work and it has covered practically the entire state, although it does not expect to complete this work during the present year. We believe that a brief summary of the work done will be of interest to the members of the profession.

Before any actual work of organization could be attempted the following preparatory work was done:

Revised Constitution and By-Laws of State Society.

Prepared a Constitution and By-Laws in blank for adoption by component societies.

Secured copies of majority of the newspapers published in the state and cut out and classified about five hundred dentist's advertisements.

Prepared list of dentists in Illinois, checked same with 1902 and 1904 dental directories, and had many county lists checked by local men. One complete copy of this list was typewritten on cards and arranged in alphabetical order by names of dentists. Another complete list was arranged with dentists of each town in a seperate group, and the towns of each county together; dentists of Chicago were arranged by street addresses. Another complete list was later arranged according to the sections into which the state was divided, typewritten on sheets of paper and sent to local commitees.

The state was divided into thirty-three sections on the basis of number of dentists and railroad facilities. (See map.)

We were then ready to start the work of organizing these sections, and as it was necessary to follow about the same course in the organization of each section, we will report in outline the work that has been done or partly done in each of the sections into which the state was divided:

Selected chairman of local committee and acquainted him with reorganization plan and system of carrying out same.

Appointed additional committeemen selected by chairman.

Sent list of dentists in section, grouped by towns, that unethical men might be marked, so that no mail would be sent to them.

On return of list, sent a letter to each man, with circular explaining plan of reorganization, map showing his particular section in red, and postal for reply.

A second letter was written to all who did not reply within a week or ten days, and in several sections a third letter just before the meeting of the section.

Furnished local committee with letter addressed to each man, to use in calling first meeting.

Furnished chairman of local committee with report of reorganization work in other sections to be read at meeting.

After the meeting, sent a letter to all who were not present, urging them to join.

Sent blanks to secretary for report of meeting, list of officers, amount of dues, dates of meetings, copy of constitution as adopted and application for charter.

Furnished secretary with application blanks, receipt blanks, constitution and charter, specially printed for each society.

Furnished secretary with blanks for report to secretary of State Society.

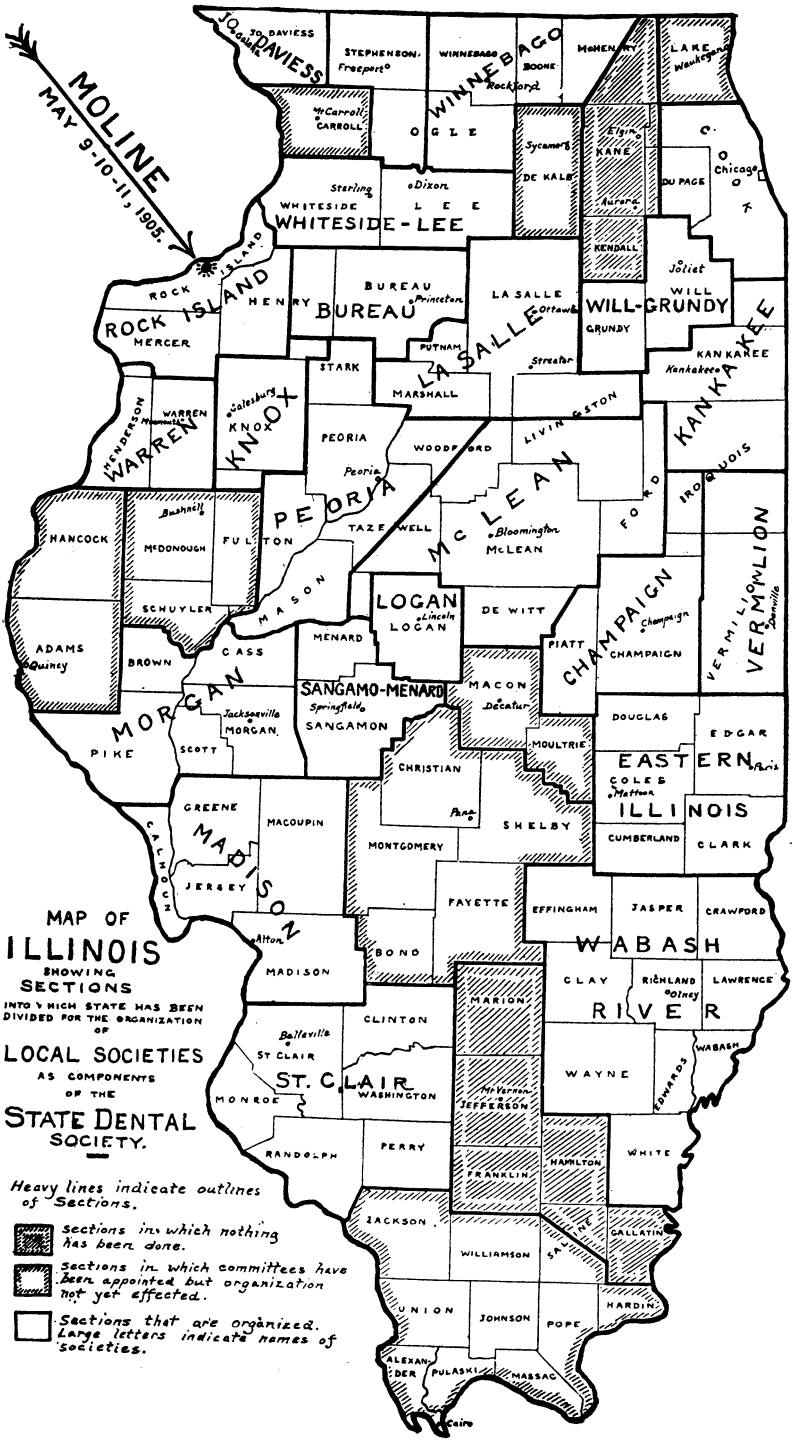
When it is remembered that this work has extended over a period of several months and that scarcely any two sections were at the same stage of progress at any given time, the difficulty of directing the work in each section without delay can be readily understood. In two of the sections we have done nothing more than to write selected men asking them to take chairmanships of the local committees, while in many sections the entire work of organization has been completed, and at all times we have had a large number of sections that were in various stages of progress, making the entire matter a complicated one to handle. If we could have appointed all of the committeemen at the beginning and carried on the work

in all of the sections simultaneously it would have been much easier, but of course that could not be done.

It has been necessary to formulate plans for keeping records of all members and of the work that has been accomplished. We have furnished the secretary of the State Society lithographed membership certificates for active and life members, each numbered consecutively, also membership cards similarly numbered, and it is the intention of this committee to prepare a permanent record card for each member, with the date that he joined, school from which he graduated, with the year, or the date of his license or registration. Similar cards will also be prepared for non-members, making a complete record of all the dentists in the state.

Following this we print the reports of the meetings of organization or reorganization of twenty-five societies; three of these are in Cook County and twenty-three sections are, therefore, represented in these reports. Of these twenty-three sections, three have formed only temporary organizations, but these expect to organize permanently during the month of January. Of the ten remaining sections, for which no special reports are given, local committees have been appointed in eight. In three of these it is expected that the meetings of organization will be held in January. There remain five sections in which committees have been appointed, but no further progress made. In the two sections in which committees have not been appointed some correspondence has been carried on with no definite results as yet.

The following table will give a fair idea of the conditions existing in the various sections, in which sufficient progress has been made to justify an estimate of the probable results. We give for each section the number of eligible men and an estimate of the probable number of members that have been or will be obtained. This estimate is based in some cases on the actual number of members and in others on the number of men who have replied to letters. In Cook County there are three societies, and so many of the members belong to more than one of the three that we have reported them as one society. These societies have about five hundred and fifty members now. In our estimate we have allowed for a loss of one hundred and fifty, as we understand that the present membership includes some who are considerably in arrears, and others will probably not continue under


MOLINE
MAY 9-10-11, 1905.
JO DAVIESS
STEPHENSON
Freeport
WINNEBAGO
Rockford
BOONE
McHENRY
LAKE
Waukegan
CARROLL
OGLE
Sterling
Dixon
WHITESIDE
LEE
WHITESIDE - LEE
Sycamore
DE KALB
Elgin
KANE
DU PAGE
Chicago
COOK
Aurora
KENDALL
Joliet
WILL
WILL-GRUNDY
GRUNDY
ROCK ISLAND
HENRY
BUREAU
Princeton
LA SALLE
Ottawa
Streator
PUTNAM
MARSHALL
STARK
KANKAKEE
Kankakee
MERCER
WARREN
Monmouth
HENDERSON
Galesburg
KNOX
PEORIA
Peoria
WOODFORD
LIVINGSTON
IROQUOIS
HANCOCK
Bushnell
McDONOUGH
FULTON
TAZEWELL
Bloomington
McLEAN
FORD
SCHUYLER
MASON
LOGAN
Lincoln
DE WITT
CHAMPAIGN
Champaign
VERMILION
Danville
ADAMS
Quincy
BROWN
CASS
MENARD
SANGAMO-MENARD
Springfield
SANGAMON
MACON
Decatur
PIATT
MORGAN
Jacksonville
PIKE
SCOTT
MOULTRIE
DOUGLAS
EDGAR
EASTERN ILLINOIS
Paris
COLES
Mattoon
CHRISTIAN
Pana
SHELBY
CUMBERLAND
CLARK
GREENE
MACOUPIN
CALHOUN
MADISON
JERSEY
MONTGOMERY
FAYETTE
EFFINGHAM
JASPER
CRAWFORD
Alton
BOND
WABASH
CLAY
RICHLAND
Olney
LAWRENCE
RIVER
MARION
CLINTON
Belleville
ST CLAIR
ST. CLAIR
WAYNE
WABASH
EDWARDS
MONROE
WASHINGTON
Mt Vernon
JEFFERSON
RANDOLPH
PERRY
FRANKLIN
HAMILTON
WHITE
JACKSON
WILLIAMSON
SALINE
GALLATIN
UNION
JOHNSON
POPE
HARDIN
ALEXANDER
PULASKI
MASSAC
Cairo
MAP OF
ILLINOIS
SHOWING
SECTIONS
INTO WHICH STATE HAS BEEN DIVIDED FOR THE ORGANIZATION OF
LOCAL SOCIETIES
AS COMPONENTS OF THE
STATE DENTAL SOCIETY.
Heavy lines indicate outlines of Sections.
Sections in which nothing has been done.
Sections in which committees have been appointed but organization not yet effected.
Sections that are organized. Large letters indicate names of societies.

the new conditions, as all of these societies have increased their dues. We believe, however, that four hundred is a conservative estimate.

	Place of Meeting.	Estimated Members.	Number of Eligible Men.
Jo Daviess County	Galena	20	20
Stephenson County Section	Freeport	21	29
Winnebago County Section	Rockford	35	60
Whiteside-Lee County Section	Sterling	28	35
Rock Island County Section	Rock Island-Moline	33	47
Bureau County Section	Princeton	16	24
La Salle County Section	Streator	38	59
Will-Grundy County Section	Joliet	26	40
Kankakee County Section	Kankakee	17	33
Warren County Section	Monmouth	10	18
Knox County Section	Galesburg	19	30
Peoria County Section	Peoria	52	62
McLean County Section	Bloomington	50	85
Logan County	Lincoln	7	13
Adams-Hancock County Section	Quincy	23	54
McDonough County Section	Bushnell	18	25
Morgan County Section	Jacksonville	26	37
Sangamon-Menard County Section	Springfield	23	40
Champaign County Section	Champaign	20	24
Vermilion County Section	Danville	12	30
Madison County Section	Alton	31	53
Eastern Illinois Section	Paris	22	42
St. Clair County Section	Belleville	26	55
Wabash River Section	Olney	26	34
Alexander County Section	———	16	38
Total, outside of Cook County		615	987
Cook County—Chicago Dental Society, Odontographic Society of Chicago, Englewood Dental Society, 550 members		400	1,000
		1,015	1,987

We expect there will be some shrinkage in the figures given. We, of course, cannot count our membership until the dues have been received by the secretary, but we think we will obtain as many new men in the sections which have not yet made any progress as we will lose in the sections reported. We are therefore very hopeful for a membership of one thousand by the time of the meeting of the State Society in Moline, in May.

The influence that such a society will exert can hardly be estimated. It will certainly be a powerful organization for the good of dentistry in this state, and we believe that other states will not delay long in following our example.

We wish to express our appreciation of the excellent work done by the various local committees throughout the state and the officers of the societies since they have been organized. While this work has been directed by the reorganization committee of the State Society, nothing could have been accomplished without the active cooperation of the committeemen and officers in each section, and to these men is due much credit for the efficient manner in which they have carried out the plans in their respective sections.

ABSTRACTS and SELECTIONS

DENTISTRY IN ITS SOCIAL RELATIONS

A few weeks ago the *Brief* received from a correspondent a letter of indignant comment upon an article from a prominent New York newspaper relative to the blackballing of an applicant for admission to a leading club of that city, solely and avowedly upon the ground that the applicant was a dentist and therefore socially disqualified for club membership.

At the time our correspondent was advised that the dignified course for dentists individually and collectively to pursue in regard to that special exhibition of social snobbery was to ignore it utterly as unworthy of any serious consideration; but as since then the occurrence has been given publicity in other dental journals, some comment by the *Brief* seems called for.

The division of communities into classes is so universal a phenomenon in human history that it would appear to be a necessary feature of the social order. In its primitive forms the essential basis of communal subdivisions was either physical prowess or mental force and acumen; those less endowed with those qualities becoming by a natural social law segregated as a less regarded or inferior class, of which the more forceful were admittedly the superiors.

As in the process of evolution society assumed a more highly organized form, these lines of social cleavage became more complex. Mere physical force, especially when expended in productive labor, assumed a position subordinate to those employments in which results were attained chiefly or solely through the exercise of mental energy. Thus the handicraftsman, so highly esteemed in primitive tribal life, because of the value to the community of the products of his skill, sank in social esteem as the "brain-worker" became more dominant.

The latter organized in various professional pursuits, as warrior, priest, lawmaker, and healer of the sick attained an acknowledged

primacy in the social order, the relative rank of each of these professional subdivisions varying in accordance with the value, real or supposed, of their several services to the common weal. Thus the warrior, the statesman, the scholar, the merchant, the healer have each in turn been the more esteemed by different tribes or nations in the varying epochs of human history. Indeed what might be called "the fashion" in professions has been almost as changeful and arbitrary as fashions in clothes.

With the revival of learning which succeeded the darkness of the middle ages scholarship became endowed with a new importance in the social economy. Learning being at that epoch an attainment possible only to the relatively few, the vast majority of European peoples, including nobles as well as commoners, remained unlettered. To these learning was a mystery all the more venerated because endowed with occult powers by the imaginations of the ignorant.

Something of this superstitious regard for the learned professions has lingered to quite recent times, and not many years have elapsed since the dicta of physicians were accepted with almost the same unquestioning acquiescence as those of the clergy. To-day there is no dogma, ecclesiastical or medical, so time-honored or sacred that men hesitate to put it to the proof of impartial and searching scientific investigation.

At the present time, through the marvelous development of the exact sciences and the epoch-making results following the application of natural forces to the industrial arts, a new readjustment of social values has come into operation. The youth of the land, largely deserting the halls of classical learning, throng the technical school and workshop, where, with the grimy hands of the working machinist, may be found the sons of the millionaire, as well as of his poorer neighbor, learning their trade from the bottom up.

As the world is more and more run by machinery, to be a citizen of the world and share at all in its manifold activities is to be, to some extent at least, a mechanic. Thus it has come to pass that to labor with hands as well as brain has ceased to entail social opprobrium.

Surgery in its various branches, once regarded as a less dignified pursuit than the practice of general medicine, because so largely dependent for results upon the craftsman's cunning with

hand and tool, has grown in esteem until now it is rather the more than the less favored branch of the healing art.

Dentistry, too, not less than other departments of surgery, has attained a fixed place as a recognized professional pursuit, notwithstanding the fact that manipulative skill, as well as theoretical knowledge, is so indispensable to its successful practice. The value of its services to the community is receiving an ever widening public recognition, and the reputable, educated dentist of to-day stands vastly higher in public esteem than any impertinent club lounger who thinks to render more assured his own place in a self-created social hierarchy, composed chiefly of worshippers of the golden calf, by a display of careful vigilance against invasion from without its fold; a jealous watchfulness, by the way, which really marks the upstart and the parvenu, rather than the man who, assured of his own right to social consideration, either by birth, breeding, culture or service to the state, need fear nothing for himself either from within or without the circle of which he forms a part.

Like every other profession dentistry has its fakirs and charlatans, whose practices are an offence to every principle of professional honor and propriety and too often an offence also to common decency. For these ostracism, lay and professional, is the fitting and usually the only possible punishment; but the assumption that educated, cultured and refined members of the dental profession are, as a class, the victims of any general social ostracism by morally and intellectually corresponding classes of the community is an absurdity. In all those varied forms of intimate social life in which men are drawn together by community of taste and harmony of thought and feeling dentists freely participate and are found and gladly welcomed wherever men meet for companionship, recreation or other mutual good.

There are of course in every community, the world over, those who, perfectly responding to Thackeray's definition of a snob as "one who meanly admires a mean thing," are tolerant only of possible helpers in their struggle for those meaner things of life which they so meanly admire—wealth with its ostentations and the triumphs of social notoriety. Of such the opinion, good or ill, can have no possible weight with sane, well-balanced minds.

In great democratic America, at least, with all those whose recognition is worth the having, it is not birth or wealth or vocation, but character which determines social standing, and in every com-

munity are members of the dental profession who are held in the highest esteem and recognized as displaying in private and professional life, as well as in the positions of public responsibility and trust to which not infrequently they are called, all the qualities of a sterling manhood.

In all candor the rejection by a club of a dentist, however reputable, is of no possible importance save to those immediately interested and should not in the least degree ruffle professional susceptibilities. To regard as a professional snub from the entire organization an event of such frequent occurrence in club life as the blackballing of an applicant by one or more members is a puerility. In any case there should surely be larger interests in the professional life of the dental practitioner than admission to "exclusive" clubs and worthier aspirations than recognition by exalted social coteries.—*Editorial in Dental Brief.*

DISCOLORATION OF GOLD FILLINGS

Discoloration of gold fillings even in the early days of the use of the material, attracted the attention of the profession, and various reasons were offered for this, which to-day are still recognized causes. Among these may be mentioned improper cavity preparations, including insufficient removal of decay and insufficient marginal extension. In the former defect, the gold next the floor and cavity walls being necessarily not well condensed, becomes very absorbent to the products of the progressing caries under it. This process extends to the margins of the filling, and a discolored edge results, due to the penetration into the substance of the filling of the products of the carious process. In the latter defect, the failure to extend the margins not only does not hide the filling completely and prevents the light from being reflected directly forward from it (I am referring particularly to approximal fillings in the anterior teeth), but also by its very position prevents access to all cleansing agents—the saliva, the lips, and the tooth-brush—and has not the appearance of the perfect gold filling. Another frequent cause is insufficient surface condensation. The operator's attention may be diverted while condensing the last layers of gold, and he fails to obtain the proper finish. He burnishes, polishes, does not dare to make new imprints with the mallet into the already flush surface, and the filling lacks that smooth glossy polish of the perfect gold filling. Such a surface as well as the dull pumice-stone finish, is very inviting to discolora-

tion. Still another cause is the incorporation into the gold of foreign substance during the insertion of the material. This may happen in connection with combination filling. Scraps of tin, amalgam, or metallic flakes from the instrument used will in time mar the surface of a filling. Here it may also be mentioned that excessive burnishing with steel instruments tends to discolor gold fillings. Combining tin with gold to fill at the cervical margin or the major part of the cavity, or combining amalgam with gold—in all such combinations, if extreme care be not taken in finishing, the baser metal will be rubbed on or impregnated into the surface of the nobler metal. Even the very fact that a large mass of amalgam is in contact with a small mass of gold may, in the course of time, produce a slight discoloration in the gold. Furthermore, there may be a possibility that the fineness of the gold used is at fault, though this can hardly be the case at the present day. The action of sulfids, either taken in with the food or produced chemically in the mouth, is another reason for discoloration, and these agents are invariably present to a greater or less extent in all mouths. The mouths of febrile patients, as well as some of those in health, are often found to be in an exceptionally dry state. Such a state is very favorable to the action of chemical agents and organic forms of life, and a deposition takes place which is a common cause for discoloration.—*Dr. P. B. Engel, Headlight.*

LONG WINDED ARTICLES

If our writers on dental subjects have one fault more than any other it is in the line of using too many words to express their ideas. Life is short—at least that part of it which may be conveniently used for reading professional periodical literature. No man who is tired at the end of a day's operating wants to read half a dozen pages of a dental journal to get one idea. Writers owe it to their readers to crystallize their thought that it is clear, concise and consecutive. The trouble with most writing is that there is too little thinking in advance of it. An idea must be perfectly studied and systematized in the mind before it can be properly expressed on paper. The oft-repeated remark that easy writing makes hard reading is as true to-day as it was a century ago, when it was first uttered.

Readers in this age want most to know how things are done, and they want to be told in the shortest possible way, in the most vivid language. The majority of writers can not do this without painstaking care in the expression of their thoughts. And with this care,

this conscientious grinding away at the desk in the quiet hours, when the world is for the most part asleep, an average writer will soon acquire the concentration of thought necessary for correct expression. This kind of training is as beneficial to the mind of the writer as it is conducive to the satisfaction of the reader. The ability to think clearly is the first requisite to writing clearly, and every writer can so discipline his mind as to vastly improve his mode of expression.

Cut down your long-winded articles and make them crisp enough to read before breakfast.—*Editorial in Review.*

DENTAL BARBARITY

We do not mean to say there is no virtue in "extension for prevention," for on general principles it is correct; but we do wish to call attention to the fact that its universal application to teeth of all classes, of all degrees of sensitiveness and liability to decay, as advocated by some of its most prominent practitioners, is an uncalled for exhibition of dental barbarity, wholly out of place in the practice of what should be an humane and kind profession.

The extension of every approximal cavity cervically to beneath the free margin of the gum, and in bicuspids and molars, well across the occlusal surface of the teeth, with well prepared seats and steps, and angles for the retention of the filling, may be correct in theory, but in practice is not universally necessary, as is proven by the prolonged usefulness of many fillings in cavities not so extended, and is most certainly provocative of a horror of the dental chair, and the avoidance of dental services, not complimentary to the profession or its practitioners. The correct use of tin foil, amalgam and gutta-percha, and the application of lining materials to frail or sensitive cavity walls, in short the selection and practical utilization of proper filling materials, will save teeth without needless torture and an unnecessary expenditure of time and endurance on the part of both patient and operator. There is a middle course which may be followed in dental operations which will prevent both slovenly, unfinished work on the one hand and needless infliction of pain on the other. In the treatment of young patients, children experiencing their first introduction to dentistry, this course is most certainly the best, and need not be made to overtax the endurance and courage of any one.

There may be something of value in every fad and every fashion,

but extremists are not the greatest promoters of human progress and human happiness.—*Pacific Gazette.*

TO PREVENT SORENESS OF THE LIPS AFTER OPERATING

White perfumed vaseline will be found a most excellent preventative of sore lips from long and repeated applications of the rubber dam. Although many ladies object to its use on account of the general impression that it stimulates the growth of hair, I find upon explaining the good results from its use, the avoidance of the so-called cold sore, they will gladly submit to its application. Two covered porcelain jars with the pure white vaseline are kept in the operating-case, the contents of one for use as an application around the mouth, the contents of the other for strips and disks. By cleaning the procelain jars every day, and placing in them a small quantity of the pure clean vaseline, they are ready for use, and if need be, the inspection of the most particular patient. It is the exception that the most fastidious lady, when handed the porcelain jar and the explanation is made for its use, will not apply it immediately, and later bless you for having suggested it. Undoubtedly the saliva saturating the skin and held there by the rubber plays an important part in addition to our pulling and stretching the mouth, in producing these disagreeable sores. In long operations, especially in molars and bicuspids, a second and third application sometimes is indicated, which can be made by loosening the dam from the holder, drying the corner of the mouth thoroughly with a napkin, then reapplying the vaseline. If applied to the lips when they are dry or cracked, it softens them to such an extent that much of the discomfort of an operation is avoided.—*W. T. Chambers, Denver, Col., International.*

NOT JUSTIFIED IN MAKING PERMANENT OPERATIONS

We are not justified, except in rare cases, in attempting the more permanent operations for young children. In my opinion, aside from the reasons mentioned, the placing of the so-called permanent fillings in this class of cases is seldom indicated. We will consider some of these matters a little in detail. The average amalgam filling placed in young teeth is often of questionable value, speaking by comparison, and I would far rather resort to gutta-percha, the cements or tin in many cases. The fact that the cements are frequently not as durable as we or the parents might wish is more than outweighed by the saving of tooth structure, vital energy and temper

of the patient. It is possible to do greater good with less suffering, to accomplish more with less wear and tear to both patient and operator with the cements than with any other material in a wide range of cases. When we come to the children of older growth cement must be used with great care and judgment, and I am free to say that it has been abused and misapplied to a distressing extent. In the bicuspids the greatest danger lies, and yet this field is one that is capable of great accomplishments.—*Dr. C. A. Van Duree, Summary.*

THE ADVANTAGES AND DISADVANTAGES OF PORCELAIN INLAYS

Some of the advantages of porcelain inlays are as follows: Fillings can be inserted which only the expert can detect. They are non-conductors of thermal changes. The margins of cavities filled with porcelain are not readily attacked by caries. The patient is relieved of the excruciating pain of adjusting rubber dam clamps for cavities extending beneath the gum. Nervous strain on both patient and dentist is lessened. Porcelain gives a better masticating surface than metal. Busy patients need not spend so much time in the dental chair.

The disadvantages of porcelain are: The friability of porcelain causes it to fracture readily. It is impossible to bevel the cavity margins to protect the enamel. It is difficult to match the color of the natural teeth. The cement used as a retaining medium may cause a change of color in the tooth or inlay. The cement will be dissolved unless there is only a thin film used as a retaining medium. —*Dr. J. Q. Byram, Dental Summary.*

THE TWELFTH ANNUAL MEETING OF THE INSTITUTE OF DENTAL PEDAGOGICS WAS HELD IN LOUISVILLE, KENTUCKY, DEC. 28TH, 29TH AND 30TH, 1904.

This association grew out of the meeting of a few who were especially interested in the teaching of Operative Technics in dental colleges. After several years of admirable work restricted to lines of operative procedury, the association began to broaden its scope, and the name "Institute of Dental Pedagogics" resulted.

During all these years this association has probably done more for the real advancement of dentistry teaching than any other one factor, and yet, by no means has it accomplished what was really possible for it to have accomplished had all the teachers, and especially those who also had the school management in hand, had insisted on the majority of teachers attending the meetings of the institute. Methods and means of teaching in any department of science, literature or art, is far from a settled problem in the world of education at the present time. While dentistry has advanced in many respects it has certainly fallen short of the best in means and methods, and especially have teachers failed to accomplish what would naturally be expected of them.

The president of this institution in his address discussed "Preliminary Requirements and the Curriculum." It seems that this subject has been pretty thoroughly thrashed out in the Faculties' Association, and they have been unable to settle matters as to what is necessary in requirements, and how long a course is really required to make an average dentist. In some schools of learning it might be quite necessary that a student have the requirements necessary to understand mathematical problems; each school for advanced learning has different standpoints from which they start, in order that they may accomplish a certain and well-defined line of education for the preparation of an individual to pursue as a life work, or rather to prepare him to start right in the special field of work to which

he is by nature fitted. It is just as necessary for him to have the very best facilities for securing an education in an institution such as a dental college, as it is for him to have a suitable preliminary education.

There are many of the sciences which enter into and become an intimate part of dental education, and it is necessary that equipment and teachers be so prepared that a student who enters a dental college, though his education be limited, can obtain the fundamental principles underlying the subject pertaining to his profession; he can then accomplish more than if he were a high-school graduate entering his professional school in a haphazard way, with promises made to him that he can get through easily and without any apprehension as to his receiving a diploma on graduation day.

This condition makes incompetent teachers and incompetent students, and very poor dentists, and from this point of view the lawmakers in Germany feel that they are justified in the course they expect to pursue with reference to American graduates seeking license to practice dentistry in Germany; one must observe the extreme indifference paid to this important feature of our dental education, as manifested in deliberations of the Institute of Dental Pedagogics, that has just closed their session at Louisville. Out of fifty-two schools apparently eligible to membership, there were only twelve or fifteen represented at the meeting; five colleges had exhibits showing methods and means of teaching the various departments of technic, and of twenty-nine on the program for papers and discussions there were twelve absent. It seems hard to understand why it was necessary for so many to be absent when they were expected to prepare themselves in a thoughtful and systematic manner upon a given subject, and bring it before such an important body as that of teachers in professional schools. Some, of course, were thoughtful enough to prepare something and send it to the institute, while others never even notified the body that they were unable to be present. There were some absentees who had justifiable reasons for not being present.

Those who attended the meeting were not disappointed in the program. It was one of the best meetings of the kind ever held. Those who failed to come were replaced by others, but not, as might be expected, by one who had timely notice to prepare themselves upon certain subjects.

The president's address by Dr. H. B. Tileston, of Louisville, was a fine paper, and well discussed.

Under the head "Symposium," the first paper on the list was that of Dr. C. N. Johnson, and the writer, in a very concise and interesting manner, discussed interesting features of operative technic, with reference to operative dentistry. As is usual with the author, he gave a very plain and comprehensive understanding of the value of the teaching of operative technic to dental students.

Dr. H. S. Guilford, of Philadelphia, demonstrated to the institute how he would conduct a quiz in Orthodontia. He arranged a number of members in the front rows of the room, as though they were students to whom he was to lecture. Of course, it was understood before they left their seats that they were not expected to answer the questions. This was a very interesting feature of the program, and would have been of great value to younger teachers had they been present, as demonstrating how a man who is a distinguished teacher would conduct a quiz.

The next paper was, "How Should Ethics and Jurisprudence be Taught?" by Dr. Edmund Noyes, of Chicago. The subject was then discussed by Dr. Max M. Eble, of Louisville, and Dr. M. C. Marshall, of St. Louis, followed by a number of others.

The next paper on the program was read by Dr. C. M. Wright, of Cincinnati, O., subject "Physiology." The essayist discussed in an able manner the advantages of studying the low forms of cell life, in order that the student might become familiar with the simpler forms of life before he enters upon the study of the higher forms of physiological functions. This paper was discussed in a very interesting manner, and certainly could not fail to be of benefit to those who heard the paper and its discussions.

Dr. D. M. Cattell, of Nashville, Tenn., read a paper on "Museums in Dental Colleges." I think there is no one teaching in dental colleges who more fully appreciates the value of such a department in connection with dental teachings than Dr. Cattell. This subject was very fully discussed, and some very valuable suggestions were made with reference to charts, models, and their uses in the college.

The next paper was read by Dr. J. D. Patterson, of Kansas City, Mo. The subject was, "Recreation." While Dr. Patterson did not underestimate, by any means, the value of recreation, he showed in

a very interesting manner how it was possible for students to gain the necessary recreation by a change of work. Dr. Patterson brought out beautifully the fact that dental students were not, by any means, overworked; and when one considers how absolutely absurd it is to lengthen the course of study when a student only puts in half of his time in the present course.

A very interesting paper was read by Dr. Royce, of Chicago, entitled, "Faces of Pluggers." The paper was discussed by Dr. Cattell, followed by other interesting talkers. But when it came to a final summing up of the subject it was manifest that those who had not had an opportunity to study the contents of the paper and thoroughly digest the points, it was practically useless to take up the time of an important meeting in a discussion where nearly everyone was ignorant of the true philosophy of the paper.

A very interesting paper was read by Dr. Hillyer, of Brooklyn, N. Y., entitled, "A Practical Course in Soldering." The paper was well discussed and all present were interested in the manner the essayist taught his students this very important and not easily understood subject.

The papers and discussions, as a whole, were very good, and, as previously said, the literary program was all that could be wished for, with the exception of the absence of so many who were supposed to have prepared themselves to discuss the subjects. The meeting place was all and even better than anticipated, except by those who had previously attended meetings in Louisville.

On Wednesday, after the Evening Session, the Falls Cities Dental Club gave a luncheon and smoker, with music and a good old colored cakewalk. Everyone present enjoyed themselves splendidly.

On Thursday evening the Louisville Dental College tendered a banquet to their visiting friends, with a splendid menu and good speeches, and everyone seemed to have a very enjoyable time. The meeting was all that the motto on the first page of the program said:

"You will find that the more you resolve not to be useless, but to help people, you will in the quickest and most delicate ways, improve yourself."—*John Ruskin.*

Dr. H. S. Guilford, of Philadelphia, was elected president; Dr. Stubblefield, of Nashville, Tenn., vice-president; Dr. Willmott, of Toronto, Canada, secretary; and Dr. Kennedy, of St. Louis, chairman of executive committee. The next meeting will be held in New York City.

G. W. C.

SOCIETY ANNOUNCEMENTS

AND REPORTS OF MEETINGS

JOINT MEETING—THE SOUTHERN BRANCH OF THE NATIONAL DENTAL ASSOCIATION MEETS WITH THE TENNESSEE STATE DENTAL ASSOCIATION AT MEMPHIS, TENN., FEBRUARY 21st.-24th, 1905.

Below is a partial list of the papers and clinics:

Dr. Jules J. Sarrazin, New Orleans, La., Chairman Report.

Dr. S. D. Brabson, Knoxville, Tenn., "Prophylaxis in Dentistry," discussion opened by Dr. N. N. Vann, Atalla, Ala., followed by Dr. Robin Adair.

Dr. Robin Adair, Atlanta, Ga., a successful introduction of Oral Prophylaxis treatment into practice. Discussion opened by Dr. N. N. Vann, Atalla, Ala., followed by Dr. B. D. Bradson, Knoxville, Tenn.

Dr. R. Boyd Boyle, Chairman, Report.

Dr. August F. Sonntag, Chairman, Report.

Dr. M. F. Fennily, Washington, D. C., Report.

Dr. E. P. Beadles, Danville, Va., "A few points in Inlay work."

Dr. S. D. Ronebo, Marietta, Ga., "Gold and Tin and Amalgam and Gold at cervical margin as an excellent material for saving teeth."

Dr. T. T. Moore, Columbia, S. C., "Insulating Deep seated cavities."

Dr. B. Holly Smith, Baltimore, Md., title not given.

Dr. J. E. Chase, Ocala, Fla., Chairman Report.

Dr. Geo. S. Vann, Gadsdon, Ala., Chairman Report.

Dr. F. M. Milam, Little Rock, Ark., "Orthodontia."

Dr. W. E. Grant, Louisville, Ky., "Orthodontia, surgical and mechanical."

Dr. J. Lewis Walker, Norfolk, Va,. "Orthodontia, successes and failures."

Dr. H. H. Johnson, Macon, Ga., Chairman, Report.

Dr. R. K. Luckie, Holly Springs, Miss., Chairman, Report.

Dr. Geo. W. Dick, Sumter, S. C., Chairman, Report.

Dr. Burton Lee Thorpe, St. Louis, Mo., "The Masters of early Dentistry, with lantern-slide pictures."

Dr. Arthur Hynes Fleming, Louisburg, N. C., "The problem of education."

Dr. W. G. Mason, Tempa, Fla., "Dental Education."

Dr. A. W. Meyer, Chattanooga, Tenn., "Diseases of the Antrum, practical case."

Dr. J. C. Bogue, Harriman, Tenn., "The Education of present and prospective dental patients."

CLINICS.

Dr. Thos. P. Hinman, Chairman, Atlanta, Ga., Dr. J. L. Newborn, Memphis, Tenn.

Dr. Truman W. Brophy, Chicago, Ill., "Surgical Operation."

Dr. F. E. Roach, "Showing new attachment for partial plate and removable bridge."

Dr. D. O. N. LeCron, St. Louis, Mo., "Method of ascertaining true fusing of Porcelain."

Dr. Burton Lee Thorpe, St. Louis, Mo., title not given.

Dr. L. M. Cowardin, Richmond, Va., "Appliance for correction of cross teeth ("Orthodontia.")

Dr. F. L. Wood, Roanoke, Va., title not given.

Dr. T. T. Moore, Columbia, S. C., "Manner of Insulating deep seated cavities."

Dr. A. M. Jackson, Macon, Ga., title not given.

Dr. Joseph Broughton, Atlanta, Ga., "Articulated piece of bridge work."

Dr. Geo. A. Loque, New Orleans, La., "A full porcelain crown and bridge eliminating all baking."

Dr. W. O. Tolbot, New Orleans, La., "Taking of plaster impressions and making of casts for Orthodontia work."

Dr. W. M. Slack, Memphis, Tenn., "Demonstrating use of Vernon's gold."

Dr. J. A. Gardner, Memphis, Tenn., "Cavity preparation extension for prevention."

Dr. J. W. Peete, Memphis, Tenn., "Orthodontia."

Dr. C. E. Hines, Memphis, Tenn., "Porcelain Inlay."

Dr. J. W. Hunt, Memphis, Tenn., "Gold Inlay in frail incisors."

Dr. C. H. Taylor, Memphis, Tenn., "Porcelain without Platinum base."

Dr. W. W. Brooks, Memphis, Tenn., "Instrumentation phagadenic pericementitis."

Dr. C. A. Tavel, Memphis, Tenn., "Combination filling finished with Vernon's gold."

Dr. Eugene A. Johnson, "Exhibition of somnoform for extracting of teeth and minor surgical operations."

Dr. W. D. Gaither, "Method of attaching lost incisor to incisor or cuspid by means of doweled gold inlay."

Dr. H. M. Prettyman, Covington, Ky., "Gold bridge demonstrating original method of securing perfect occlusion."

Dr. J. L. Newborn, Memphis, Tenn., "Members reinforcing mallet."

Dr. W. C. Gillespie, Nashville, Tenn., "Abby's soft foil filling."

Dr. Walter White, "Dontin injection with cocaine and mounting Davis crown."

Dr. F. E. Buck, Jacksonville, Fla., "Table clinic showing new flask and rubber warmer and method of applying tin foil rubber."

Dr. Richards, Knoxville, Tenn., "Practical demonstration of inlay—using a new apparatus."

Dr. J. C. Bogue, Harriman, Tenn., "Capon porcelain front crown."

From the interest manifested, this promises to be the largest meeting in the history of the two Associations. The rail roads have given a rate of one and one-third fare on the certificate plan. The meeting will be held at the Hotel Gayoso, rooms $1.50 and $2.00 per day, European plan. Accommodations can be had at other hotels on the American plan $2.00 per day.

The exhibits of the various supply houses will be exceptionally attractive, embracing everything of interest to dental profession. —*Chas. A. Bland, Chairman, Programme Committee, Charlotte, N. C.*

RED RIVER VALLEY DENTAL ASSOCIATION

There will be a meeting of the Red River Valley Dental Association and the Red River Valley Medical Association the latter part of January which promises to be one of the most prominent social events of the winter. It will be held the last Tuesday in January and there will be several prominent speakers there.

Programs and banquets with smoke socials and all of the pleasures possible thrown in on the side will make the event a memorable one. There is a little good-natured rivalry between the two associations, and they claim that by holding their meeting together they will not only be of mutual benefit but will be able to determine whether the "Medics" or the "Dents" are the best fellows.

The meeting will be held in Crookston and already plans are being worked on which will make this prominent in the scientific circles through the northwest.

DISTRICT OF COLUMBIA DENTAL SOCIETY

The District Dental Society held its thirty-eighth annual banquet at Rauscher's, in Washington, on Tuesday evening, Dec. 20. Dr. D. Elmer Wiber, ex-president of the society, presided as toastmaster and the following gentlemen responded to the toasts: Shirley W. Bowles, Henry C. Thompson, J. Curtiss Smythe, William N. Cogan, William Donnally, and Paul W. Evans, of this city, and B. Holly Smith, Clarence J. Greives, and W. G. Foster, of Baltimore, Md. The Maryland State Dental Association was invited to be the guests on this occasion of the local society. The committee of arrangements was composed of John H. Burch, Bruce L. Taylor, and L. S. Wolfe.

NATIONAL ASSOCIATION OF DENTAL EXAMINERS

The annual meeting of the National Association of Dental Examiners will be held at Buffalo, N. Y., commencing 10 A. M., July 24th, and continuing until adjournment.

The hotel and assembly rooms for holding sessions will be announced later. Arrangements have already been made with the

Lackawanna R. R., for reduced rates on the fast de luxe trains leaving New York 10 A. M., 6:10 P. M., 8:45 P. M. and 2 A. M.

CHARLES A. MEEKER, D. D. S., Secy.,
29 Fulton St., Newark, N. J.

WEDELSTAEDT DENTAL CLUB OF IOWA

At a meeting of the Wedelstaedt Dental Club of Iowa, at Cedar Rapids, Dec. 16-17, J. V. Conzett, of Dubuque, was elected president and Dubuque was chosen the next meeting place. The other officers of the society elected were: F. F. Cook, Mediapolis, vice-president; William Finn, of Cedar Rapids, secretary and treasurer. The club is an exclusive organization and meets several times a year. The next meeting will be held in June. About thirty members will attend.

JOINT MEETINT SOUTHERN BRANCH NATIONAL DENTAL ASSOCIATION AND TENNESSEE DENTAL ASSOCIATION

The eighth annual meeting of the National Dental Association will meet jointly with the Tennessee Dental Association, at Memphis, Tenn., Feb. 21-23, 1905.

Special railroad rates, one and one-third, certificate plan.

J. A. GORMAN, Cor. Secy.,
Asheville, N. C.

FRATERNAL DENTAL SOCIETY OF ST. LOUIS

The following officers were elected at the December 20, 1904, meeting of the Fraternal Dental Society of St. Louis: President, Berton Lee Thorpe; vice-president, E. P. Dameron; secretary, S. H. Voyles; treasurer, W. E. Brown; executive committee, E. E. Haverstick, W. L. Whipple and T. G. Donnell.

A. A. VOYLES,
Secretary.

PEORIA COUNTY DENTIST SOCIETY

Dentists from central Illinois met in Peoria, Jan. 3, and, after holding a clinic of several hours' length, were guests of the Peoria County Dental Society at a banquet given in the Fey Hotel. The following officers for the ensuing year were elected at the evening session: John Houston, president; A. C. Horner, vice-president; C. Murdock, secretary; Cara Guth, treasurer; J. P. Lutheringer, librarian.

DELTA SIGMA DELTA

A local chapter of the Delta Sigma Delta fraternity, the national society of dentists, was organized at the Jefferson Hotel, St. Louis, Dec. 8. B. L. Thorpe was elected president; Charles C. Orr, vice-president; Harry Keehn, secretary; Joseph G. Pfaff, treasurer, and Val. H. Frederichs, historian.

LOGAN COUNTY DENTAL SOCIETY

The dentists of Logan County held a meeting at Lincoln, Dec. 19, and organized the Logan County Dental Society. The following officers were elected: President, R. N. Lawrence; vice-president, Robert Goebel; secretary and treasurer, S. G. Hobit.

ROCK ISLAND COUNTY DENTAL SOCIETY

The Rock Island County Dental Society was organized at a meeting of representative dentists from Rock Island, Mercer and Henry counties, held at Rock Island, October 11. This society is a branch of the Illinois State Dental Society.

In attendance at the meeting were a large number of dentists and the gathering was presided over by Dr. L. W. Skidmore of Moline. The officers chosen for the society are as follows:

President—L. W. Skidmore, Moline.

Secretary—J. W. Gluesing, Moline.

Treasurer—R. M. Pearce, Rock Island.

Librarian—H. G. Trent, Rock Island.

Vice-Presidents—Lee Silvis, Rock Island; W. M. Moorehead, Aledo; J. E. West, Geneseo.

NATIONAL DENTAL ASSOCIATION, SOUTHERN BRANCH

The eighth annual meeting of the Southern Branch of the National Dental Association will be held February 21-23, 1905, at Memphis, Tenn.

J. A. GORMAN, Cor. Sec.,
Asheville, N. C.

NECROLOGICAL

DR. ALBERT HENRY KING

Dr. Albert Henry King, one of the oldest dentists in Baltimore, was stricken with apoplexy Dec. 19, and died a few minutes later. At the time he was stricken Dr. King was standing on the steps in front of his home, 3 Irving place, and in falling he landed heavily on his face on the pavement. The shock was unexpected, as the venerable dentist had apparently been in excellent health, and only a short time before he had been in attendance at a meeting of the officers of the German-American Bank, of which he was a director.

Dr. King was 72 years old, and was born in Germany. He came to this country with his parents, when a small boy and settled in Baltimore. After receiving a liberal education he learned the jewelers' trade, and continued in that business until the early 50's, when he studied dentistry. For about forty years he practiced his profession in East Baltimore, and about fifteen years ago he retired, leaving his sons—Drs. Albert B. and Ernest F. King—to conduct the business.

Dr. King was a director of the house of refuge, a member of the old Baltimore City Guards, and a volunteer fireman of this city. The deceased is survived by a widow and five children.

RESOLUTIONS ON DEATH OF DR. M. D. NISBET

At a special meeting of the Sioux City Dental Association, on August 16, 1904, the following resolutions were adopted:

WHEREAS, The natural course of events has removed from this life Dr. Marshall D. Nisbet, who passed to the great beyond August 13, 1904; and

WHEREAS, The dental profession recognizes the benefits received through his having lived and by his life given us an example of a true and courteous professional gentleman; therefore be it

RESOLVED, That in the death of Dr. Nisbet our profession has lost a man of sterling worth, whose progress in the profession was

a source of pride to his colleagues, and from whose example all hope to profit; also

RESOLVED, That we condole with his bereaved family, and that a copy of these resolutions be sent to his widow, to the dental journals, and the Sioux City daily papers, and that they also be inscribed on our official records.

ARTHUR SOLVSBERG,
T. A. ROSE,
A. S. WASSON,

DR. FRANK C. BROWN

Dr. Frank C. Brown, one of the oldest and best known residents of Palmyra, N. Y., died at his home Jan. 3, after a long illness, aged 84 years. Dr. Brown had resided in Palmyra since about 1850 and had been greatly respected and esteemed. He was a prominent dentist and for a great many years enjoyed one of the largest practices in that part of the county.

In politics he was a staunch Democrat, and he held the office of postmaster during the Cleveland administrations. He had also been village president and had served on the Village Board and also the Board of Education. He was a prominent member of Palmyra Lodge, No. 248, F. and A. M., and at the time of his death was one of the oldest Masons in that region. He was a member of Zion Episcopal Church. He is survived by his widow and one daughter.

DR. EBENEZER G. CUMMINGS

Ebenezer G. Cummings, for many years a leading dentist of Concord, N. H., and one of the best known and most highly esteemed of her citizens, died at his residence Dec. 13. He had been in failing health for some time past, but was confined to his home only about two weeks.

Dr. Cummings was born in the town of Acworth, in November, 1828. He studied his profession at Philadelphia Dental College, being the first New Hampshire man to graduate from that famous institution, in 1855. He began practice in Lancaster immediately after graduation, dividing his time between that town and Littleton for about four years with much professional success. He moved to Concord forty-six years ago and had made his home in the Capital city ever since.

DR. SAMUEL B. LADD

Dr. Samuel B. Ladd, one of the oldest dentists in the city of Philadelphia, died of apoplexy in a street car, Dec. 19. Dr. Ladd, who was 84 years old, entered the car at Market street to ride a block, his office being located at 1225 Arch street. The aged man's head fell forward, but the conductor paid no attention to him until the car barn at Fifteenth and Cumberland streets was reached. Then it was found that he was dead.

The aged dentist was an inmate of the Old Men's Home at Thirty-ninth street and Powelton avenue, but spent considerable time in his Arch street office. He was in comparatively good health when he left the institution to go to his office.

DR. WILLIAM H. DOBBINS

Dr. William H. Dobbins, who had practised dentistry in Newark, N. J., for twenty-five years, died Jan. 7, in the Newark City Hospital of cancer. He was born in Mount Holly, N. J., on August 1, 1856, studied dentistry with his brother and was graduated at the Pennsylvania College of Dental Surgery in Philadelphia, in 1877. He was active in politics and in Masonic circles. He served several terms as a school commissioner. A widow and two daughters survive him.

DR. JOHN A. OSBORNE

Dr. John A. Osborne, aged thirty years, died at his home in Cleveland, O., Dec. 12, after a month's illness with typhoid fever. He was a graduate of the dental school of Western Reserve University in the class of 1897, and had been located in Cleveland for the past two years. He leaves a widow.

DR. E. C. PATTERSON

E. C. Patterson, formerly a dentist of Lincoln, Neb., died recently in Colorado, where he had gone in search of health. After leaving Lincoln he lived for a time at Clarks, Neb., the former home of his wife. Later he spent several months in Colorado.

MISCELLANEOUS

INCIDENTS OF PRACTICE

By W. A. L. Knowles, M. D., D. D. S.

(Read before the San Francisco Dental Association)

A little patient one day presented herself and the appearance of her mouth was indeed odd. There were large proximal cavities between the six superior anterior teeth and into these she had pressed some red, white and blue beads, and the effect was peculiar when she opened the lips.

I have seen cases where I have asked the patients about a filling in a certain tooth and have been informed that no work had ever been done by a dentist for such child, and on investigation, have found a shot crowded into and completely filling a cavity of decay.

I had one case where a man patient had stuffed a cavity in one of his own teeth with tinfoil which had been wrapped around his tobacco.

I had a gentleman apply to me to replace a lost tooth upon a partial gold denture. He had repaired it himself. The backing was standing in place and he had bored a hole through it, carved a bone tooth and riveted it on with a piece of brass wire. It had served his purpose for some time in this manner.

A patient whom I had not seen for three or four years called upon me for consultation in reference to a superior central incisor. At the time I had last seen her, the tooth contained a live pulp, but the tooth was now blackened and unsightly, and the gum had receded anteriorly from the cervix about one-eighth of an inch above the normal gingival margin.

On inquiry, I learned that the patient had consulted another practitioner; that he had considered devitalization necessary and had drilled into the chamber and treated the canal.

On a close examination, I discovered an orifice at the extreme point toward the apex where the gum had receded so badly. I removed a filling from the palatine face and found a piece of cotton

in the pulp chamber and passing into the orifice mentioned, the remainder of the canal being unoccupied.

After proper cleansing and sterilizing, the canal was filled with gutta-percha and an attempt was made to bring the gum into proper position. The cervical cavity was filled with gold and astringents applied. A course of treatment, consisting of touching the edges of the gums with strong ammonia water, in order to irritate the edges, proved of no value. Stitching from one side to the other was of no service, as the stitches pulled out without union taking place. A string with knots upon it was passed under the gums and allowed to remain, in the hope of inducing irritation and a hypertrophy, but without the desired effect, and a long course of massage treatment produced almost no result.

The last time the case was seen, while perfectly comfortable, it exhibited extreme recession of the gum tissue.—*Pacific Dental Gazette.*

POISONING WITH THE POWERFUL ANTISEPTICS.

Remember that mercury bichloride, carbolic acid, and iodoform may cause systemic poisoning, even in the small amounts commonly employed for dressing. The sublimate gives rise to diarrhea, with pain and a rising temperature; carbolic acid poisoning is attended by the well-known changes in the urine, sometimes with severe vomiting, lowered temperature, and collapse; while iodoform may cause collapse or a rise of temperature, with a feeble pulse, and delirium and drowsiness, particularly in children.—*Intern. Jour. Surg.*

Oxychloride of zinc is usually introduced into the root-canals in a cream-like condition, and then driven into out-of-way places by means of metallic or gutta-percha points. It so happens that it is often desirable to have the oxychloride set forthwith, and to this end we know of no better way than to cover with a thin layer of oxyphosphate. Some operators try to combine certain proportions of the two preparations, but the result is not infrequently a coarsely granular mass that cannot be worked into place, and would prove worse than useless if it could.—*Office and Laboratory.*

The point has been brought out, and I will speak of that at this time—that is the etching of the inlay prior to its setting. That is an important point if care is pursued. Make the foundations for inlays of Close material, and then finish with Brewster enamel. The Close material is coarse grained and when etched makes a better re-

tention than if the whole inlay were made of Brewster enamel or even with Brewster foundation.—*Dr. L. E. Custer, Register.*

MEN CLASSIFIED

Doctor Goslee has classified men into two general classes—the enthusiast and the skeptical. There is another class, who, for want of a better name, we will call selfish. They are usually skeptical, sometimes cynical and often discouraging. They sometimes boast conservatism. When a new idea or appliance appears they save their time, their energy, their money, and let their enthusiastic and wide-awake friend do the work. Then Mr. Selfish slips around and gets Mr. Enthusiast to show him or give him the fruits of his labor, which Mr. Enthusiast is, as a rule, very willing to do notwithstanding the fact that Mr. Selfish seldom says "thank you." In this porcelain work Mr. Selfish is doomed to disappointment—no one can tell him all about it. It is true Mr. Enthusiast can and does help immensely to smooth the road in many places; still, to do porcelain work well, each and every individual will have to work out his own salvation to a greater extent than in any work with which I am familiar, and as the essayist says, we must each one crawl before we can expect to walk.—*Dr. J. R. Callahan, Summary.*

METHOD OF TIPPING BRIDGE TEETH

Prepare the tooth by grinding as is ordinarily done and burnish pure gold backing to position on the tooth, allowing the backing to project beyond the labial or buccal surface of the facing at the occlusal end. Hold the occlusal end of the tooth, with backing in position, against a flat surface having a right angle corner, such as a drawer in the bracket table, the labial surface of the facing being held even with the upper surface of the drawer. The projecting gold can now be turned down till it rests upon the upper flat surface. Burnish the gold well against the facing and contour the tip if necessary. The case is now invested and 22k. plate is flowed over occlusal surface and tip as heavy as desired. After the crown is soldered grind away the gold that overlaps the edge in front, and this will produce a solid 22k. tip. The same method can be adopted for bicuspids and molars in bridge work. Flow 22k. plate over the whole surface of the backing, making it heavy enough to protect the facing. Make lingual cusps, articulate and attach with solder.—*Dr. F. S. Miller, Review.*

TREATMENT OF CONTRACTURE OF JOINTS WITH RONTGEN RAYS

Moser reports the excellent results obtained in two cases by radiation. Almost all the joints of the first patient were ankylosed, and there was palpable friction during movement,—probably the results of gout. A skiagram was taken of one knee and the patient complained that she had had pains in all her joints thereafter. Moser noticed that the knee that had been exposed seemed less swollen than before, and he applied the Rontgen rays as a therapeutic measure for a minute to each knee. The patient reported four days later that there had been marked improvement since, not only of the exposed joints, but of all the others. The improvement progressively continued until the patient is now able to dress herself and do up her hair, previously impossible, and take a half-hour walk. —*Centralblatt Chirurgie,* Leipsic.

REPAIRING FRACTURED CASTS

A valuable method of repairing fractured plaster casts may be found in the use of celluloid dissolved in camphor and ether to a creamy consistence. A good quality of celluloid should be selected, and to it should be added a mixture of equal parts of ether and spirits of camphor. This combination dissolves celluloid rapidly, and should be added to the material until a solution of a cream consistence is obtained. The preparation should be kept tightly corked to avoid its evaporation.

When it becomes desirable to repair broken casts, the fragments to be attached should be well dried and both surfaces should be freed from broken particles. The surfaces should be coated with the celluloid solution, and after being pressed firmly, should be allowed to dry.—*S. M. Weeks, International.*

DR. STOCKWELL HONORED

A complimentary banquet to Dr. Chester Twitchell Stockwell, the veteran dentist, was given at Springfield, Mass., October 18, by a number of the leading members of the dental profession from various cities in Massachusetts and other neighboring states. The banquet was to demonstrate their appreciation of the labors and services of one of the pioneers of modern dentistry. Dr. Newton Morgan of Springfield was toastmaster and Dr. Andrew Flanagan principal speaker.

A POOR MAN'S CROWN

Take platinoid plate, 30 gauge, make band of it to fit broken down back tooth snugly. Have band ⅛ inch longer than needed;

but grind it down to correct occlusion. Fill in band with stiff mixed amalgam, letting it come well over top and edge of band. As the filling is made flush, have the patient to bite hard into it until it is made hard and compact. Trim off surplus and shape. A crown thus made is serviceable and satisfactory.—*Dr. J. F. Steele, Eagle Grove, Iowa.*

PORCELAIN NOT IMPERVIOUS

Porcelain, any kind of porcelain, is not impervious to the fluids unless it has an absolutely glazed surface, or until the body of the material is brought down to the consistency of glass, which has a glazed surface all over, and you can grind it and it will still be impervious to the fluids; and if you take porcelain of that consistency, and then grind it, it is more or less porous, and so, as has been said, it is impervious.—*Dr. J. B. Beauman, Register.*

EXTRACTING FRONT TEETH

To extract any of the six anterior teeth, take a pair of right angle forceps and rotate them in their sockets and they will slip out without any further effort. This method once acquired will always be kept up, as I have never known any one to fall back to the old plan after once having tried this.—*Dr. C. A. Reeves, Lamar, N. C.*

FINAL FINISH ON RUBBER PLATE

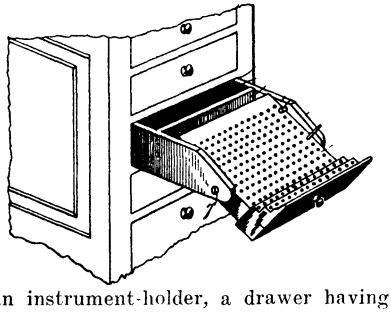
After doing all to the plate you intended to, take plaster of paris and with a piece of tissue paper or your fingers rub the polished surface for about five minutes, and you who have not tried it will be astonished at the results.—*Dr. C. A. Reeves, Lamar, N. C.*

PATENTS

774,838. Dental Tooth-pin-pointing tool. Leon H. C. De Fernelmont, Philadelphia, Pa., assignor of one-half to Eugene P. M. de Fernelmont, Philadelphia, Pa. Filed Dec. 16, 1903. Serial No. 185,426. (No model.)

Claim.—1. A tooth-pin-pointing tool formed of a shank terminating in a cutter provided with prongs formed integral with the shank and having inwardly-directed oblique cutting edges forming a central recess in the end of the tool between the prongs, and longitudinal V-shaped grooves between the prongs which meet at the center whereby said prongs are of greater thickness at their roots than at their ends, in combination with a pin-guide fitted over the prongs of the tool and having a centrally-disposed aperture for the pin in line with the recess between the several prongs.

774,879. Instrument-holder for dentists. William G. Hullhorst, Toledo, Ohio. Filed Sept. 5, 1902. Serial No. 122,165. (No model.)



Claim.—1. In an instrument-holder, a drawer having side extensions, a block pivotally supported between said side extensions and stepped portions upon said block, said block and said stepped portions having a series of sockets in their top faces.

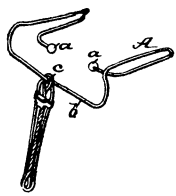
775,083. Clamp for dental dams. James W. Ivory, Philadelphia, Pa. Filed Dec. 5, 1903. Renewed Sept. 24, 1904. Serial No. 225,756. (No model.)

Claim.—1. A dental sheet-adjusting clamp comprising coacting jaws, the inner sides of which are curved to embrace a plurality of teeth and provided with points adapted to enter between such teeth and to pass each other therebetween, and resilient means for forcing said jaws toward each other.

776,204. Dental handpiece. Alson C. Sargent, Des Moines, Iowa. Filed July 13, 1903. Serial No. 165,296. (No model.)

Claim.—1. A dental handpiece comprising a hollow-shell casing, a yoke-piece extending across one end of said casing, an adjustable step-bearing mounted in said yoke, a second bearing in the opposite end of said casing, a tool-holding spindle journaled in said bearings, an electric motor, the rotating member of which is mounted directly upon, and concentrically with said spindle within said casing and the stationary member whereof is mounted concentrically with said spindle upon the interior of the casing, and a controller for varying the speed of said motor arranged within said casing and provided with a finger-piece extending through the casing in accessible position.

776,348. Dental dilating-forceps, or appliance for dental or surgical use. George H. Parsons, East St. Louis, Ill. Filed April 20, 1904. Serial No. 204,035. (No model.)



Claim.—1. The improved appliance for the purpose specified, comprising spring-shanks having extensions arranged practically at right angles thereto, and jaws which are practically parallel to each other and arranged at right angles to the shanks, and a central stem having a loop through which the shanks pass, all the said parts being formed integrally or of a single piece of spring-wire, substantially as described.

776,466. Handpiece for dental engines. Frank K. Hesse, Boston, Mass., assignor to Asahel M. Shurtleff, Boston, Mass. Filed Aug. 16, 1902. Serial No. 119,853. (No model.)

Claim.—1. The combination with the case of a dental-engine handpiece, of a rotatable spindle therein, an elongated sleeve-bearing for the spindle, means co-operating with said bearing to take up end thrust and prevent longitudinal movement of the spindle in said bearing, a chuck for the tool, chuck-controlling means, and an actuator therefor mounted upon and longitudinally slidable on the sleeve-bearing.

Personal and General

Burglars—D. P. Wetzel, at Wellington, Kansas, lost $150 through burglars Dec. 20th.

Whalen-Bree—Dr. Martha Bree of Aurora, Ill., and Joseph Whalen of Rockford, were married at Aurora.

Hockabout-Hypath—Dr. Hockabout of Plainland, Iowa, and Mrs. Hypath of the same place, were married Dec. 23.

Robbed—Burglars robbed the dental rooms of D. P. Wetzel in Wellington, Kas., of about $150 worth of gold Dec. 19.

Hanning-Winkler—Dr. W. H. Hanning, of Lafayette, Ind., was married Dec. 20th to Miss Florence Winkler of that place.

Dental Supplies Burn—Fire at Columbus, O., destroyed the stock of the Hartpence Dental Supply Co., valued at $8,000.

Fire—A. V. Davis, a dentist at Newark, O., lost $3,500 through fire which burned the building in which his office was located.

Landon-Enos—Dr. Loren O. Landon of Houston, Texas, to Miss Leone Enos of Boulder, Col., at Jerseyville, Ill., Jan. 4.

Fire—The dental office of E. W. Knight, at Bellows Falls, was destroyed by fire Jan. 4. The fire was caused by a furnace and nothing was saved.

A Peculiar Accident—A patient of a Springfield dentist swallowed a bur while his teeth were being filled. Later, by the aid of an X-ray machine the bur was located in the oesophagus, from which it was removed by forceps.

Robbed—Dr. Van Houten Filkins, a dentist in Passaic, N. J., suffered the loss through burglars of nearly all of his instruments and supplies. The loss was discoverel Dec. 29th, on the doctor's return from a week's absence.

Vulcanizer Explodes—The explosion of a vulcanizer in the dental office of Drs. G. E. Mann and S. E. Gates, Cincinnati, Jan. 5, caused severe injuries to both dentists. They were at work with their heads bent over the vulcanizer when the explosion occurred, and their faces were badly burned.

Becomes Editor of Texas Dental Journal—Dr. Pitt S. Turner of Houston, Texas, has accepted the editorial duties of the above-named journal. This is a good selection and the publishers are to be congratulated upon obtaining the services of so able a man as Dr. Turner.

Dr. C. N. Johnson Robbed by Footpads—Dr. C. N. Johnson, professor in the Chicago College of Dental Surgery, and editor of "Dental Review," has a speaking acquaintance with a gentlemanly robber. It cost him $8. The young man followed him from the train and accosted him near his home. Dr. Johnson slipped down as he tried to run away.

Teeth Explode; Woman Hurt—Mrs. Loren Atwater of Galesburg, Mich., suffered a seriously lacerated mouth and tongue Jan. 3 from the explosion of her artificial teeth. She heated her face to relieve neuralgia and then suddenly placed a piece of ice in her mouth. The sudden change of temperature caused the accident.

Burned by Acid—Dr. John Corwin, a dentist in Chicago, was severely burned by sulphuric acid Dec. 29 while making a disinfecting solution. The bottle of acid dropped and broke, a quantity of the burning fluid splashing on his face and hands.

Dr. Corwin's left eyelid and right hand were badly burned.

Titled Lady Dentist—The ranks of the Berlin dentists are to be increased by an aristocratic addition. Countess Helen von Schweinitz has just passed a most satisfactory examination in dental surgery.

In addition to two princely occulists, Germany has numerous titled practicing lawyers and physicians.

The Countess Schweinitz is, however, the first titled dentist.

Royal College of Dental Surgeons—Elections were held Dec. 14 and resulted in selection of the following directors: Dr. J. C. Bower, Ottawa; Dr. G. M. Hermiston, M. A., Picton; Dr. C. E. Pearson, Toronto; Dr. R. B. Burt, Hamilton (acclamation); Dr. A. M. Clark, Woodstock; Dr. C. E. Bean, Chesley; Dr. H. R. Abbott, London (acclamation); representative from the faculty, Dr. J. B. Wilmott.

Dentist Sues—Dentist James T. McBride of Jersey City, N. J., has brought suit against J. W. Bannon, president of the First National bank of Portsmouth, O.; Judge W. H. Middleton of Scioto county, and Warden C. B. Gould of the Ohio penitentiary for $100,000 damages, on the charge of alleged conspiracy to deprive the plaintiff of the love and affection of his wife, Lavinia Gould McBride, sister of the warden.

The petition in itself is the story of an interrupted romance commencing at the time the husband was a student in a dental college and his sweetheart a student of Vassar college, Poughkeepsie, N. Y.

'Varsity Gets Fine Library—The McKellops dental library, the original valuation of which was about $25,000, has been purchased by Washington university.

The library contains between 7,000 and 10,000 volumes and is supposed to contain every known dental publication in existence up to four years ago, or at the time of the death of Dr. McKellops.

Of its kind there is said to be no rival library in size or standard of excellence in the world today. The fireproof library building at the new university site will be used for the purpose of housing the books.

Dr. McKellops was a member of the board of directors of Washington university and for many years was affiliated with the Missouri dental college, which later became the dental department of the university.

Kaiser's Dentist a Suicide—Dr. Alonzo H. Sylvester, Emperor William's American dentist, committed suicide in Berlin Jan. 10. He shot himself through the head in his bedroom.

The emperor was fond of Dr. Sylvester. He created him a Royal Prussian councillor, appointed him his private dentist and gave him many presents.

Dr. Sylvester was the pioneer American dentist in Berlin, having located there thirty years ago. He had an extraordinarily large professional income, but had financial difficulties. Recently he had been suffering from a severe attack of grip and for two or three days he had talked incoherently.

He was a native of Maine and was graduated from the Boston Dental College in 1871 and soon thereafter went to Berlin. He was about 60 years old.

A Dental Dispensary—The Reading Dental Society held its annual meeting Jan. 4. Dr. W. J. Roe was announced as having been secured as the banquet essayist.

The annual election was held, which resulted as follows: President, C. E. Grim; vice president, C. R. Scholl; secretary, George S. Schlegel; treasurer, J. T. Bair.

The address of the retiring president, Dr. W. H. Scholl, was read and was highly appreciated.

The matter of establishing a dental dispensary was broached and a committee of five was named to look into the matter. The committee consists of Drs. George S. Schlegel, W. D. DeLong, C. V. Kratzer, S. E. Tate and H. W. Bohn.

Returns from Philippines—Maj. Robert T. Oliver, formerly an Indianapolis dentist but now supervising dental surgeon in the regular army, is visiting in that city after an absence of nearly four years in the Philippine Islands.

Maj. Oliver is accompanied by his wife and little son, Robert Oliver, Jr., born in the islands two and a half years ago. Maj. Oliver is on his way to West Point, where he has been assigned on transfer from the Philippine service.

While in the islands Maj. Oliver had charge of twenty of the thirty men in the dental corps. He says the work of the corps has been of great value to the service, and that since its work began 76,000 individual cases have been handled, 83,000 operations having been performed.

Maj. Oliver's talk of his travels and sight-seeing, and of the work of the Philippine sanitary commission, is interesting, and gives a good idea of what Americans are accomplishing in the far East.

Denver Dentist May Have a Good Clew.—What may be still another link in the chain of identification of the young woman found murdered on Cutler mountain, near Colorado Springs, has developed. Dr. Alton E. Barker, the well-known dentist, with offices in the Temple Court building, late last August received a visit from a handsome young woman stylishly dressed, who wanted repairs made on bridge work in her mouth. The task was a delicate one, as it involved the removal of all the original work, and the

replacing of a gold dummy tooth, which acted as a support of larger size and greater strength. The task consumed nearly a day, and when it was finished the young woman paid the bill by drawing a $20 note from a large roll of currency she carried in a hand bag. The young woman said she was in a hurry to have the work finished and expense would be no object. Being cash work, Dr. Barker did not ask the young woman her name, but nevertheless, she made a decided impression upon his mind because of her distinct personality.

"When I received the official diagram of the teeth of the Mt. Cutler victim," said Dr. Barker, "it struck me as greatly resembling those of the young woman I treated last summer. The young woman who called at my office had two pieces of bridge work in her upper jaw and I noticed the dummy bicuspid tooth particularly. I should judge the dental work in the mouth of my patient must have cost $150 to $200."

Dr. Barker says that in a general way the description given the Mt. Cutler victim tallies with the young stranger who called on him last summer. He noted his caller's hair particularly, because of its peculiar light shade. Dr. Barker's caller appeared well educated and refined, but had little to say during her visit and was not asked any questions except as to her teeth.

Tri-City Dental Society—The Tri-City Dental society has elected G. W. Hamilton of Council Bluffs, president; W. A. Cox of South Omaha, vice president; E. H. Bruening of Omaha, secretary, and J. H. Wallace of Omaha treasurer.

Removals—R. H. Phalon, from Detroit, Minn., to Lake Park, Minn.; S. B. Spencer, from Middletown, N. Y., to Scranton, Pa.; H. A. Hurd, from Marshaltown, Iowa, to Des Moines; James Kennedy, Albany, Ill., to Cordova, Ill.; C. M. Cryer, from Franklin Grove, Ill., to Dixon, Ill.; H. H. Dickinson, from Boise, Idaho, to Meridan, Idaho; J. A. Schwind, from St. Louis to Taylorville, Ill.; S. A. Seal, from ——— to Peoria, Ill.; J. M. McEvoy, from Moorhead, Iowa, to Vail, Iowa; Park J. Shai, from Zanesville, O., to Newark, N. J.; C. H. Harmon, from Creston, Iowa, to Des Moines.